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Knowledge and Prevalence of HIV/Aids among Suya Vendors in Kafanchan of Jema'a Local Government area of Kaduna State

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ABSTRACT

This study was carried out on knowledge and prevalence of hiv/aids among suya vendors in kafanchan of jema'a local government area of kaduna state. To achieve this objective, the researcher developed and administered a questionnaire on eighty respondents. The likert scale statistical and graphical method was used in testing the null hypothesis. From the study, It was observed that The society or public authority do not educate Suya Vendors about Hiv/Aids. Economic status and educational background among Suya Vendors do not determine their knowledge of Hiv/Aids. It was also discovered that parents, religious leaders or government responsible for Hiv/Aids among Suya Vendors. It was observed that that All Suya Vendors are not knowledgeable about their Hiv Status. It was also observed that Suya Vendors negligent in knowing their status. that Suya Vendors do not tell their sexual partners about their Hiv Status. That Suya Vendors have multiple sexual partners. Both the state and federal government should take on joint projects to combat AIDS at the border areas. Projects including training, counselling, public meeting and rallies may be undertaken for awareness-building to this effect. The government should set up blood testing centre across that will be easily accessible, so that the people at Kafanchan municipal areas can get free access to HIV/AIDS testing. Educational Programmes about safe sex should be provided to the illiterate mass. Radio, TV programmes, visual aids and multimedia on AIDS should be produced to augment their awareness level.

Keywords: *AIDS; HIV; Suya; Knowledge; Vendors, Prevalence.*

1. INTRODUCTION

According to [1], Scientists believe that HIV originally came from a virus particular to chimpanzees in West Africa during the 1930s, and originally transmitted to humans through the transfer of blood through hunting. Over the decades, the virus spread through Africa, and to other parts of the world.

However, it wasn't until the early 1980s, when rare types of pneumonia, cancer, and other illnesses were being reported to doctors that the world became aware of HIV and AIDS. This timeline highlights some of the major events and discoveries in HIV and AIDS since this time.

1981 The Discovery In the US, reporting of unusually high rates of the rare forms of pneumonia and cancer in young gay men begins. The disease is initially called Gay-Related Immune Deficiency (GRID) because it is thought it only affects gay men. Cases are also reported in Injection Drug Users by the end of the year.

1982 The First Case of AIDS The disease is renamed Acquired Immune Deficiency Syndrome (AIDS). Canada reports its first case of AIDS in March. It is realized that the infection can be sexually transmitted and caused by HIV. Cases are reported in blood transfusion recipients.

1983 Women Can Become Infected It is discovered that women can become infected with AIDS through heterosexual sex.

1985 The First Conferences on AIDS The first International Conference on AIDS is held in Georgia, USA. The first Canadian Conference on AIDS is held in Montreal.

1986 From Mother to Child It is discovered that HIV can be passed from mother to child through breast-feeding.

1987 Anti-retroviral drug, AZT Approved The U.S. Food & Drug Administration approves the first anti-retroviral drug, AZT.

1988 World AIDS Day The first World AIDS Day is held on December 1st, 1988.

1990 People Living With HIV Between 8-10 million people are estimated to be living with HIV worldwide.

1991 Symbol of AIDS Awareness. The red ribbon became the international symbol of AIDS awareness, intended to be a symbol of compassion for people living with HIV and their careers.

1996 Dr. Mark Wainberg contributes to development of 3TC CANFAR-funded researcher Dr. Mark Wainberg contributed to the development of 3TC, a drug being used to treat HIV. This was a combination drug therapy, which brought about an immediate decline of between 60% – 80% in rates of AIDS-related deaths and hospitalization for patients who could afford it. There are an estimated 23 million people living with HIV and AIDS worldwide.

2000 Millennium Development Goals. The UN adopt the Millennium Development Goals, which included a specific goal to reverse the spread of HIV, malaria, and TB.

Greater Access to HIV Medication UNAIDS negotiates with 5 pharmaceutical companies to reduce the cost of HIV medication for developing countries.

HIV infection has spread over the last 30 years and has a great impact on health, welfare, employment and criminal justice sectors; affecting all social and ethnic groups throughout the world. Recent epidemiological data indicate that HIV remains a public health issue that persistently drains our economic sector having claimed more than 25 million lives over the last three decades [6]. The estimated overall number of People Living with HIV (PLWHIV) by the end of 2014 was approximately 36.9 (34.3–41.4) million and Sub-Saharan Africa was the most affected region, having 25.8 (24.0–28.7) million PLWHIV and 66% of all people with HIV infection living in the region.

Of all people living with HIV globally, 9% of them live in Nigeria [6]. The country already burdened by political instability and endemic political corruption as a result of almost 33 years of military rule now seems prepared to 'wipe out' the virus within a few decades . Notwithstanding the progress in institutional reforms and political commitment to tackle the disease, the country has seen more citizens placed on life saving medication of active antiretroviral therapy (AART) to increase the survival of such HIV seropositive individuals.

The first two AIDS cases in Nigeria was diagnosed in 1985 and reported in 1986 in Lagos one of which was a young female sex worker aged 13 years from one of the West African countries [4]. The news of this first AIDS case sent panic, doubt and disbelief to the whole nation as AIDS was perceived as the disease of American homosexuals.

Some people saw the story about AIDS as a ploy by the Americans to discourage sex and many acronyms, one of which was 'American Idea for Discouraging Sex' emerged at the time. This earlier perceptions, skepticisms and reactions of the Nigerian public towards the 'foreign' AIDS case and HIV/AIDS in general has been well documented in the introductory part of a fairly recent doctoral thesis on 'Modelling HIV/AIDS Epidemic in Nigeria' that can be found online [3].

Notwithstanding the above misconception by the Nigerian public, since the beginning of the epidemic in the mid-1980s, a total of 220,0000 new HIV infections have been reported in 2014.

Most cases were adults over the age of 15 years. A substantial number of new HIV-infected children (<15 years) was also noted in 2014 (n = 58,000). Notably, previous data had linked the infections of a substantial number of HIV-infected children to their mothers' infections. The table also indicates that 1.6 million AIDS orphans were estimated to be in the country in 2014. The number of people estimated to be receiving ART was 747,382 with 3.0 million adult populations estimated to be living with the disease as of 2014. Albeit due to its population size, Nigeria is now the second largest HIV disease burden in the world with 3.2 million after South Africa which has 6.8 million burden of the disease though prevalence is stable at 3.4% [6]. Following the first AIDS case reported in 1986, the Federal Ministry of Health (FMoH) that same year set up the National Expert Advisory Committee on AIDS (NEACA) and requested the assistance of WHO leading to the establishment of several HIV testing centres in the country and the coming up with a comprehensive medium-term plan for the nation's battle against HIV/AIDS. However, no serious efforts at tackling the epidemic were evident until the restoration of democracy in the country in 1999 [4]. Following this restoration of democracy, the government 'kick starts' the race against the epidemic in the country, fostering links with many international organizations to carry out surveys on some aspects on HIV/AIDS including the National Demographic and Health Survey[5], the National HIV/AIDS and Reproductive Health Survey (NARHS) (Family Health International, 2000) and the Behavioural Surveillance Survey (BSS) [2]. The Nigerian Institute of Medical Research (NMR) also published the most comprehensive data on reported cases of HIV/AIDS in Nigeria in 2000. The institute retrieved data from the records of 1,057 health and laboratory facilities (comprising 289 public and 370 private hospitals and 181 public and 217 private laboratories) on all diagnosed HIV infections, AIDS cases and AIDS related deaths between 1989 and 1999 as cited in [3].

2. RESEARCH DESIGN (DESCRIPTIVE)

Research design is the framework of research methods and techniques chosen by a researcher. The design allows researchers to hone in on research methods that are suitable for the subject matter and set up their studies up for success, in this research descriptive design will be consider over other research design. In a descriptive design, a researcher is solely interested in describing the situation or case under their research study. It is a theory-based design method which is created by gathering, analyzing, and presenting collected data. This allows a researcher to provide insights into the why and how of research. Descriptive design helps others better understand the need for the research. If the problem statement is not clear, you can conduct exploratory research.

2.1. Data Collection Procedure

For the purpose of this research work, the researcher used the questionnaire, which is a structured series of questions in written form meant to be answered by respondents. The question forms are to be either ticked or choose by those concerned. The researcher issued questions to different individuals, the questionnaire for staff were mainly issued to obtained information.

2.2. Target Population

The Population of this study comprises of different individuals and some selected members staff of Primary health care in Kafanchan Jema'a Local Government Area of Kaduna state. This includes the Senior and Junior staff of the Primary health care, Comprising of 80 in all.

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2.3. Method of Data Analysis

In order to facilitate the execution of this research work, certain forms of data were utilized they are primary and secondary data.

2.4. Research Instrumentation

In choosing stated research instrument, the researcher takes into consideration the nature and scope of the research study, the structure an activities and the convenience associated with cost. The researcher administered questionnaires on the quest to obtain information.

2.5. Sampling Technique

The technique used in this research work is Random sampling technique. This method enabled the researcher to select a sample from population so that each member have equal chance of being selected. This technique simply uses a sample from the population.

2.6. Analytical Tool

The analytical tool use in this research is likert scale tool or method.

In order to analyze the data, the methodology used is likert Scale method, (Statistical and graphical method). Ordinary, data in this form are unbiased. Is the most widely employed form of attitude measurement in Survey research? The likert scale is a special type of the more general class of summated rating scale constructed from multiple ordered – category items.

Each item uses a set of symmetrically balanced bipolar response categories indicating varying levels of agreement or disagreement with a specific stimulus statement expressing an attitude or opinion.

3. RESULTS AND DISCUSSION

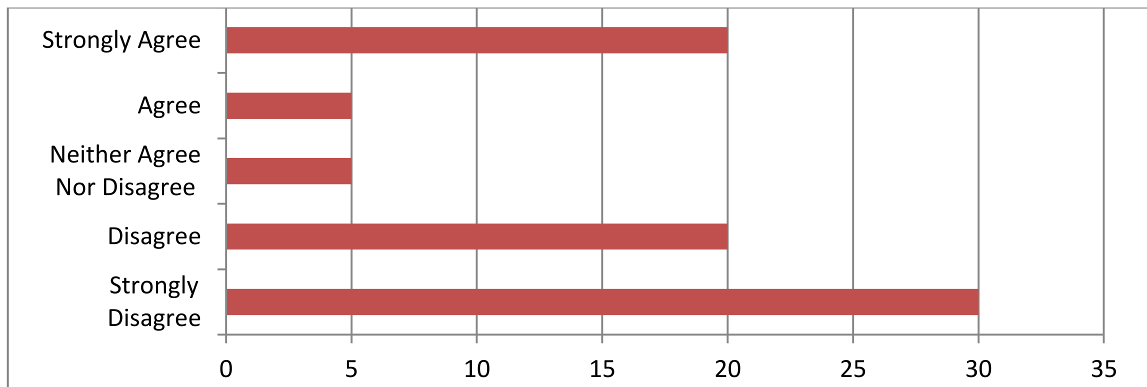
3.1. The society or public authority try to educate Suya Vendors about Hiv/Aids

Table 1. The society or public authority try to educate Suya Vendors about Hiv/Aids

The society or public authority try to educate Suya Vendors about Hiv/Aids	SA	A	N	DA	SD	TOTAL
No. of Response	20	5	5	20	30	80
Percentage of Response	25%	6%	6%	25%	38%	100%
Source: Primary data 2022						

Table 1. It was observed that The society or public authority do not educate Suya Vendors about Hiv/Aids. Of the total 80 respondents, 31% respondents agree or strongly agree that The society or public authority try to educate Suya Vendors about Hiv/Aids, 6% neither agree nor disagree and 38% disagree or strongly disagree.

Chart 1. Response to likert shows that society or public authority do not educate Suya Vendors about Hiv/Aids



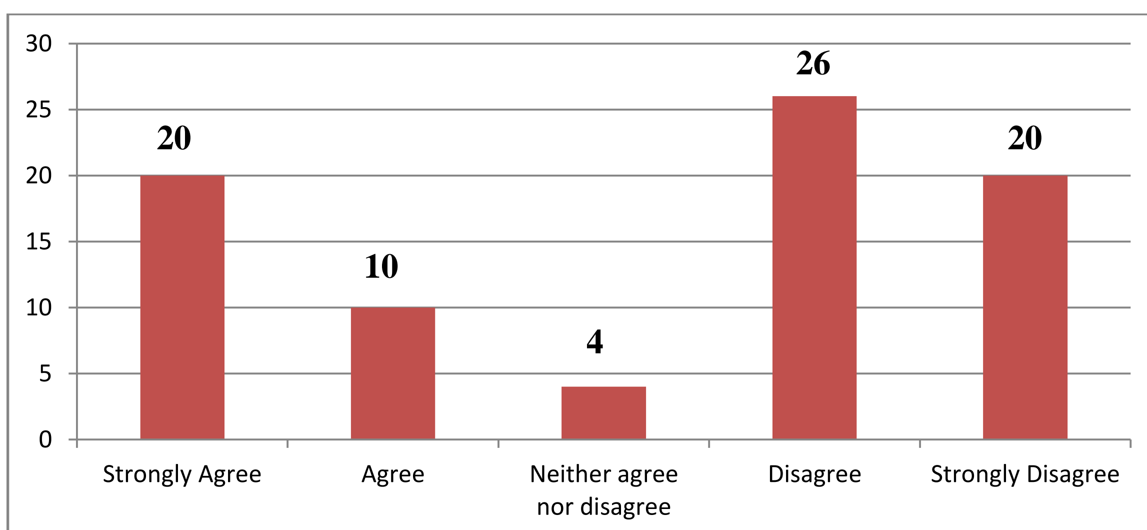
3.2. Economic status and educational background among Suya Vendors determine their knowledge of Hiv/Aids

Table 2. Economic status and educational background amid Suya Vendors determine their knowledge of Hiv/Aids

Economic status and educational background among Suya Vendors determine their knowledge of Hiv/Aids	**SA**	**A**	**N**	**DA**	**SD**	**TOTAL**
No. of Response	20	10	4	26	20	80
Percentage of Response	25%	12%	5%	33%	25%	100
Source: Primary data 2022						

Table 2. In Findings out whether the Economic status and educational background among Suya Vendors determine their knowledge of Hiv/Aids. Of the total 80 respondents, 37% respondents agree or strongly agree that the Economic status and educational background among Suya Vendors determine their knowledge of Hiv/Aids, 5% neither agree nor disagree and 58% disagree or strongly disagree.

Chart 2. Response to likert Shows Economic status and educational background among Suya Vendors do not determine their knowledge of Hiv/Aids



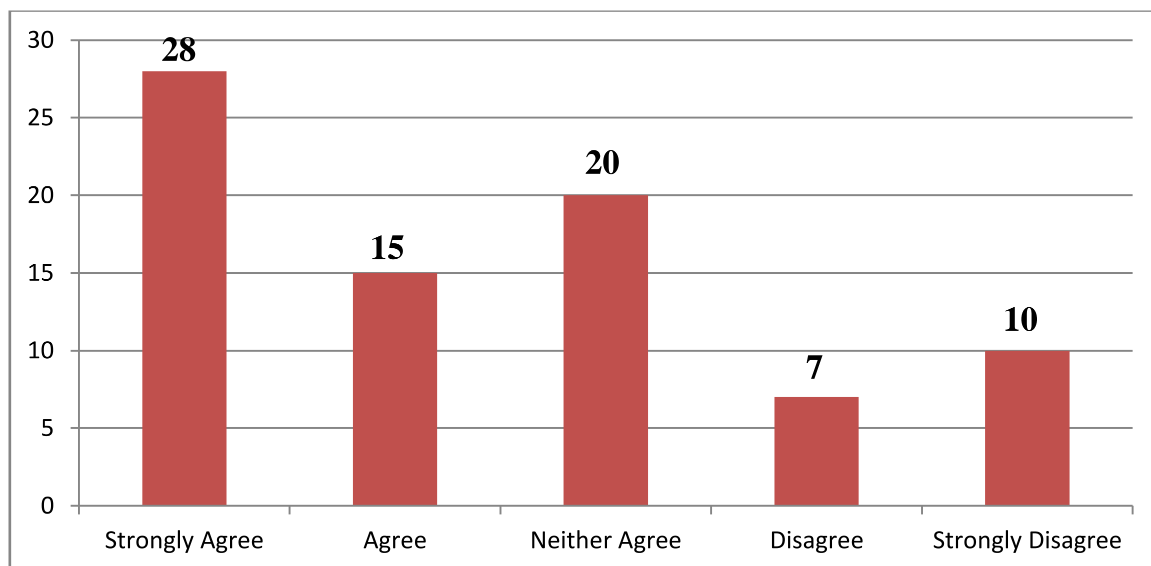
3.3. Parents, religious leaders or government responsible for Hiv/Aids among Suya Vendors

Table 3. Parents, religious leaders or government responsible for Hiv/Aids among Suya Vendors

Parents, religious leaders or government responsible for Hiv/Aids among Suya Vendors	**SA**	**A**	**N**	**DA**	**SD**	**TOTAL**
No. of Response	28	15	20	7	10	80
Percentage of Response	35%	19%	25%	9%	12%	100
Source: Primary data 2022						

Table 3. It was observed that, of the total 80 respondents, 54% respondents agree or strongly agree that parents, religious leaders or government responsible for Hiv/Aids among Suya Vendors, 25% neither agree nor disagree and 21% disagree or strongly disagree.

Chart 3. Response to likert scale shows that parents, religious leaders or government responsible for Hiv/Aids among Suya Vendors



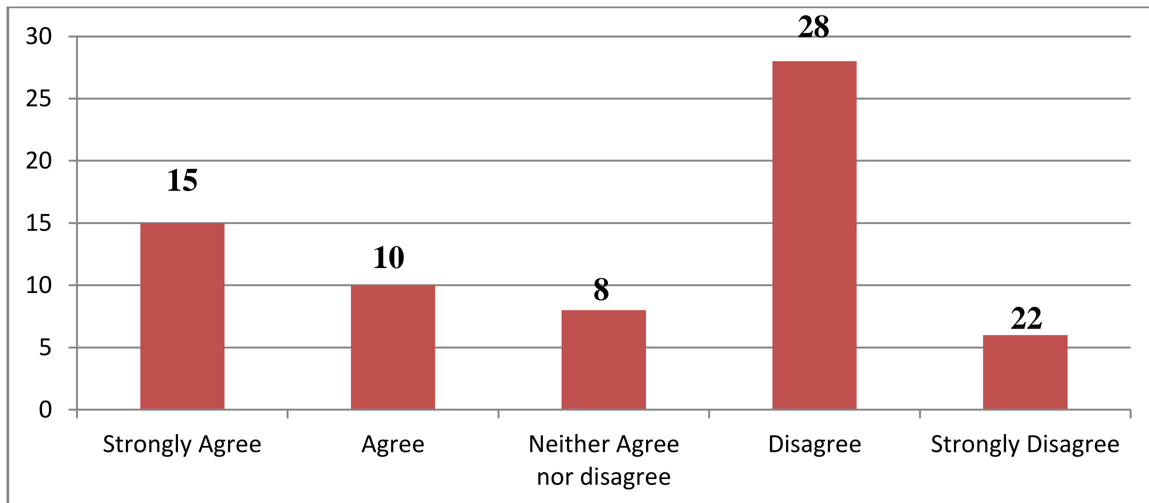
3.4. All Suya Vendors knowledgeable about their Hiv Status

Table 4. All Suya Vendors knowledgeable about their Hiv Status

All Suya Vendors knowledgeable about their Hiv Status	**SA**	**A**	**N**	**DA**	**SD**	**TOTAL**
No. of Response	15	10	8	25	22	80
Percentage of Response	19%	12%	10%	31%	28%	100
Source: Primary data 2022						

Table 4. Illustrate that .Out of the total 80 respondents, 31% respondents agree or strongly agree that All Suya Vendors knowledgeable about their Hiv Status, 10% neither agree nor disagree and 59% disagree or strongly disagree.

Chart 4. Response to likert scale shows that All Suya Vendors are not knowledgeable about their Hiv status



3.5. Suya Vendors negligent in knowing their status

Chart 5. Response to likert scale shows that Suya Vendors negligent in knowing their status

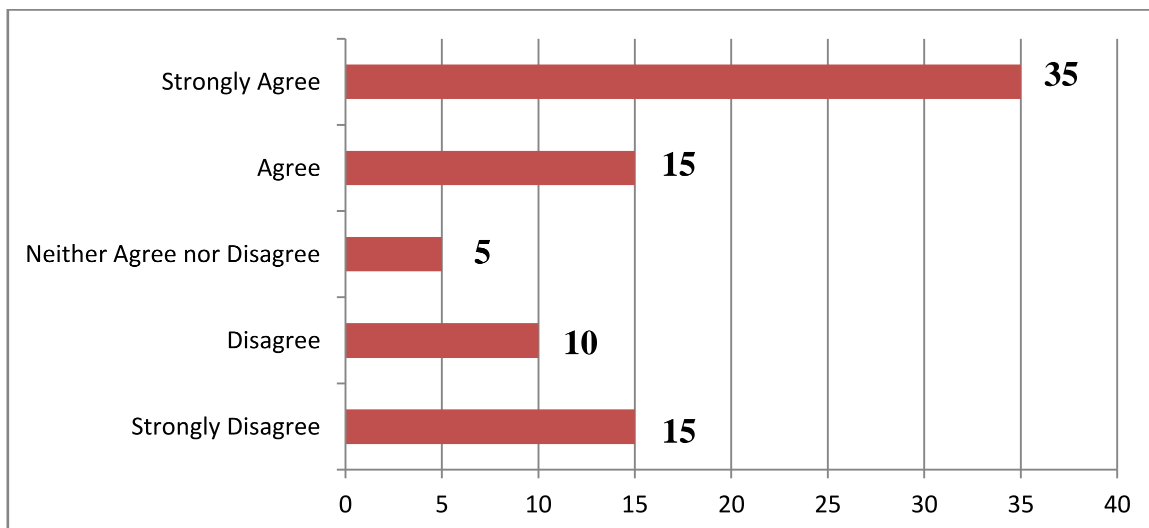


Table 5. Suya Vendors negligent in knowing their status

Suya Vendors negligent in knowing their status	**SA**	**A**	**N**	**DA**	**SD**	**TOTAL**
No. of Response	35	15	5	10	15	80
Percentage of Response	44%	19%	6%	12%	19%	100
Source: Primary data 2021						

Table 5. Out of the total 80 respondents, the above table shows that 63% respondents agree or strongly agree that Suya Vendors negligent in knowing their status, 6% neither agree nor disagree and 31% disagree or strongly disagree.

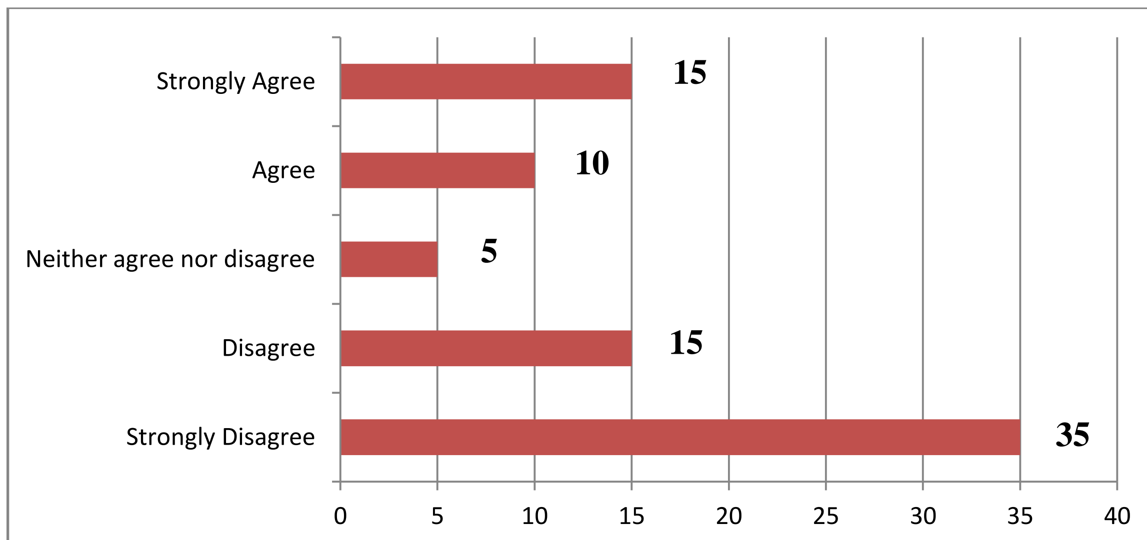
3.6. Suya Vendors tell their sexual partners about their Hiv Status

Table 6. Suya Vendors tell their sexual partners about their Hiv Status

Suya Vendors tell their sexual partners about their Hiv Status	SA	A	N	DA	SD	TOTAL
No. of Response	10	15	5	15	35	80
Percentage of Response	12%	19%	6%	19%	44%	100
Source: Primary data 2022						

Table 6. The above information shows that, out of the total of 80 respondents, 31% respondents agree or strongly agree that Suya Vendors tell their sexual partners about their Hiv Status, 6% neither agree nor disagree and 63% disagree or strongly disagree.

Chart 6. Response to likert scale shows that Suya Vendors do not tell their sexual partners about their Hiv Status



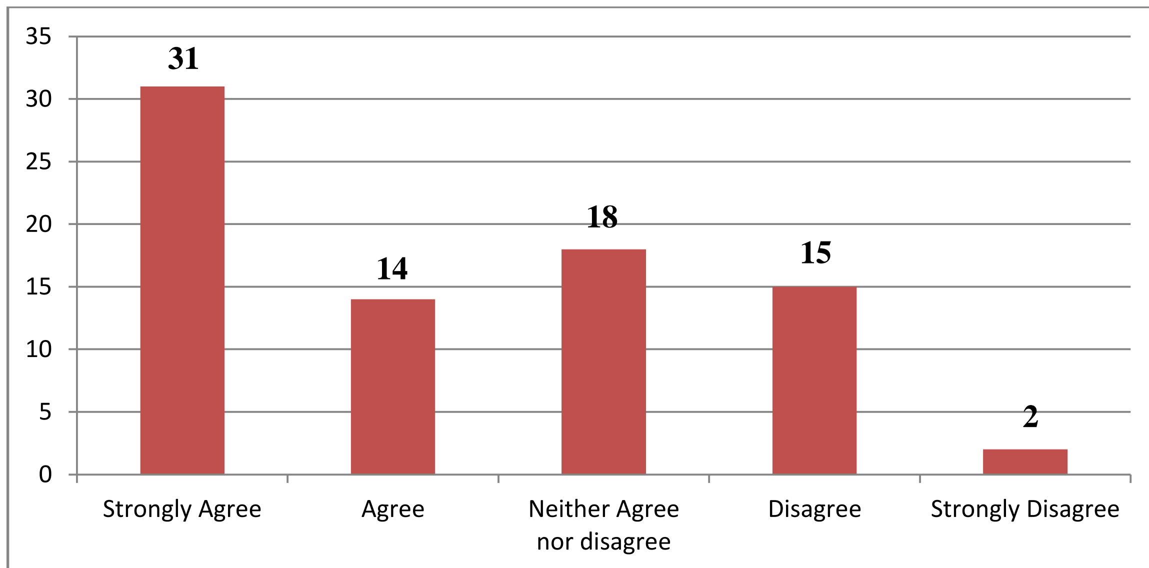
3.7. Suya Vendors have multiple sexual partners

Table 7. Suya Vendors have multiple sexual partners

Suya Vendors have multiple sexual partners	SA	A	N	DA	SD	TOTAL
No. of Response	31	14	18	15	2	80
Percentage of Response	39%	18%	22%	19%	2%	100
Source: Primary data 2022						

Table 7. The above information shows that, out of the total of 80 respondents, 57% respondents agree or strongly agree that Suya Vendors have multiple sexual partners, 22% neither agree nor disagree and 21% disagree or strongly disagree.

Chart 7. Response to likert scale shows that Suya Vendors have multiple sexual partners



4. CONCLUSION

The response to the HIV/AIDS epidemic by governments and multilateral agencies must recognize and respect human rights. In parts of the world today, the lack of an adequate response to the epidemic—whether due to denial of the existence or extent of the epidemic, misappropriation of resources, or hostility to those individuals infected or those populations most at-risk of infection—represents a basic violation of the right to health. In other countries, HIV education, prevention, and treatment programs are inaccurate or inequitable.

All individuals, including those most marginalized, must enjoy access to accurate information about HIV/AIDS and have equal access to HIV/AIDS programs. HIV testing in particular—as the entry point for access to anti-retroviral drugs and important services—must be accessible to all. But efforts to expand HIV testing, and to put in place "routine" testing, must not become coercive, must recognize the rights of the individuals being tested, and must provide linkages to both prevention and care.

Declarations

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This research did not receive any grant from funding agencies in the public, commercial, or not-for-profit sectors.

Competing Interests Statement

The authors declare no competing financial, professional, or personal interests.

Consent for publication

The authors declare that they consented to the publication of this research work.

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