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## **HIV/AIDS Information Awareness among Market Women: A Study of Olofimuyin Market, Sango-Ota, Ogun State, Nigeria**

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### **Introduction**

HIV/AIDS is one of the greatest natural challenges of recent times. Idoko (2004) calls it a disease starting as a single infection at the point of contact and then progressing to a wasting disease known as AIDS. The pandemic is on a rapid global march. Some of the world's most populous countries are severely affected. Kanki and Adeyi (2006) observe that Nigeria has been devastated with an HIV/AIDS epidemic, with nearly a million people dead and more than two million children orphaned. According to them, the National Intelligence Council in 2002 identified Nigeria as one of the five countries expected to bear the heaviest burden of an HIV/AIDS epidemic. The number of people living with this virus is projected to be ten to fifteen million by 2010. This situation has an urgent need for effective prevention. Prevention will help reduce the loss of lives and adverse social and economic effects on the nation.

The National Economic Empowerment and Development Strategy (NEEDS) (2004) shows that more than 2.7 million Nigerians are presently living with the virus. Ejeagwu, Nwafor-Orizu, and Uhegbu (2007) aver that mere mention of the name conjures fear in the minds of people. Those at risk include those with multiple sex partners, commercial sex workers, people that need blood transfusions, such as sickle cell patients, and people who engage in tattooing and giving of tribal marks. The devastating effects of the disease are numerous, ranging from cost of HIV screening and economic loss to an increased burden on communities, psychological trauma, disruption of community life, the cost of preventive measures, increased number of AIDS orphans, and so on.

### **Government Intervention**

Abdulsalami and Tekena (2006) observe that the first AIDS cases were diagnosed in Lagos in 1985 and reported at the international conference that took place the following year. This report resulted in panic in government circles. President Obasanjo hosted the first OAU summit on HIV/AIDS in 2001 to map out strategies for its prevention and treatment. His next move was the formation of the National Action Committee on AIDS (NACA) which later gave birth to State Action Committee on AIDS (SACA) and Local Action Committee on AIDS (LACA). Other non-governmental organizations also started initiatives. These include national a network of people living with AIDS in Nigeria (NEPWHAN), the church action committee on HIV/AIDS (CACA), and Diocesan Action committee on HIV/AIDS (DACA).

Igbo (2005) observes that the devastating effects of the disease motivated local and international agencies to act with speed, vigor, and commitment. The main aim of the initiatives was to break down barriers to HIV prevention at the community level and support community-based responses, as well as providing prevention, care, and support interventions. Obasanjo (2000) maintains that the action against HIV/AIDS is carried to the interior parts of the country using workshops, campaigns, and seminars. Ndakotsu (2001) says that radio, television, and films are powerful ways of educating rural dwellers.

It has been observed that most of these campaigns concentrate more on cities where the rich and educated live. Most rural dwellers in Nigeria do not benefit anything from these initiatives and campaigns. Market women are a typical example of a part of the Nigerian populace marginalized in the dissemination of HIV/AIDS information. The fact that they leave their homes early and come back late cuts them off from the programs packaged for rural dwellers. Most are illiterate. The market environment is a major place to exchange information, since these women talk with their customers and colleagues. The researchers are uncertain if the various rural programs on HIV/AIDS are really being extended to the market environments and if women in Olofinmuyin market, Sango Ota, are aware of the vital information needed for the prevention and management of HIV/AIDS.

### **Objectives of the Study**

- To determine if market women in Olofinmuyin market, Sango Ota have information about HIV/AIDS
- To determine if the rural programs on HIV/AIDS are being extended to women in Olofinmuyin market, Sango Ota
- To determine the sources of information available to these market rural women
- To establish the effectiveness of these sources
- To suggest ways of helping market women obtain relevant information in relation to HIV/AIDS

### **Literature Review**

Information is the most potent weapon available for the prevention and cure of HIV/AIDS. Omagbemi and Omoyiwa (2004) maintain that the ability to generate information is not a challenge. The challenge lies in linking the information generated to the information people need to live a better life. Availability of information for every aspect of life helps create awareness and makes life worthwhile. Okpeke (1993) notes that information reduces levels of uncertainty. Oyegade (2000) asserts that information differentiates and determines whether a country is part of the first, second, third, or fourth world.

Creating awareness about HIV/AIDS among rural dwellers has posed challenges. Though they tap the natural resources of the nation, they are often starved of information relevant to their well-being. A closer look at rural areas reveals that communities are seriously marginalized in terms of the requirements for development such as education, health care, and leisure activities. Bond (1997) states that they are disadvantaged in many areas of life, as reflected in the clinical statistics surrounding AIDS, especially in developing countries.

Nwafor-Orizu (2003) describes the dissemination of information to the rural areas in Nigeria, including oral sources like face-to-face interaction, radio, television, traditional institutions, associations, and written sources like newspapers and magazines. The purpose of these sources is to facilitate rural information transfer as a way of eliminating ignorance and superstition.

Lack of awareness contributes to a high rate of risky sexual behavior among market women. Omorodion (1993) in his research discovered the vulnerability of Benin City market women to HIV/AIDS. Their trading activities involve long distance travels from home. The result of the study showed that 70

percent of the women were involved in extramarital sex with strangers for enjoyment and the exchange of gifts and money.

The need for awareness programs to be extended to the market stems from the fact that these women are rarely found at home during the day when most educational activities for HIV/AIDS awareness take place. They gather relevant and irrelevant information from the market environment and share it with members of their families during meals.

Some of the challenges people face in accessing information are knowing where to get information and lack of reading ability. Bla Me (2000) says that more than two thirds of adult women are illiterate and largely cut off from knowledge about AIDS. They are bound by poverty, poorly-equipped schools, tradition, and lack of medical facilities. Sina (2003) states that market women have a small share of economic infrastructure services, resulting in a general apathy to government and distrust of politicians for making promises when collecting their votes and abandoning them in the end.

Ejeagwu, Nwafor-Orizu, and Uhegbu (2007), however, are of the view that one of the best ways of disseminating HIV/AIDS information is to increase the use of rural-based sources like women's associations, churches, age grades, town unions, etc. In the Nigerian rural setting, town criers serve as important communication links between the opinion leaders of the town and the rest of the people. Government and non-government agencies can pass their HIV/AIDS message through the town crier, because citizens believe in his message.

Akunyili (2005) states that the methods of disseminating HIV/AIDS information in rural areas is not efficient and result in poor awareness; however, the provision of the right information at the right time can avert an epidemic and save lives.

### **Olofinmuyin Market, Sango Ota**

Olofinmuyin market is in Ado-Odo, Ota local government of Ogun State. The local government was created in 1989 to bring governance closer to the people. It is noted for one of the major producers of food and cash crops in Ogun State. Farmers produce kola nuts, palm oil, coffee, cassava, vegetables, etc. Many industries are located in the local government and business thrives there.

Olofinmuyin market was constructed in 1999, sponsored by the Iya-Loja of Ogun State, also known as the Jagunmolu. It was commissioned by the then governor of Ogun State, Governor Olofinmuyin, and also named after him. The recently-constructed stalls that serve as the extension of the market were erected by the developers in collaboration with market executives. After the construction, Iya-Loja Jagunmolu, the market executive, and members of the Local Government Council fixed the price of N200 per month for each stall. The rate is paid to the local government council.

### **Methodology**

Survey research design was adopted for this research. The sample for the study consists of 200 market women who had stalls in different locations of the market. These locations consist of Olofinmuyin main market and its extensions, labeled A, B, D, and F. The sections were selected because they have large concentration of women who sell food, clothing materials, poultry, etc. The population of the women in each section was large, so the researchers subdivided them into different strata. The stratified random technique was used and 20 women were selected from each stratum. A questionnaire and oral interview were the instruments used for collecting data. The questions had multiple answers. The women who could read and write were given copies of the questionnaire to complete by themselves. The researchers had to read and explain the questions to those who could not read. The administration and collection of the questionnaire took the researchers two visits to the market. Each visit lasted from morning to evening, since most women responded with reservations because of the sensitive nature of the topic. A total

number of 171 copies of the questionnaire were returned. This was made possible due to the direct administration of the questionnaire by the researchers. The oral interview was specifically for the Iya-Loja (Market mother) and members of the market executive board who are in charge of women's welfare. They responded positively to the questions and encouraged other market women to do same. Their responses helped the researchers to get information on the history of the market and the extent to which they have received HIV/AIDS information in the market.

## Analysis of Data

Table 1: Bio-Data

VARIABLE		FREQUENCY	PERCENTAGE percent
AGE	15 – 25	17	9.9
	26 – 34	35	20.5
	35 – 44	65	38.0
	45 – 55	33	19.3
	56 – above	18	10.5
	Undecided	3	1.8
	TOTAL	171	100.0
RELIGION	Christianity	115	67.3
	Islam	53	31.0
	Others	3	1.8
	TOTAL	171	100.0
MARITAL STATUS	Married	125	73.1
	Single	9	5.3
	Divorced	9	5.3
	Widowed	28	16.4
	TOTAL	171	100.0
ACADEMIC LEVEL	FSLC	99	57.9
	WAEC	35	20.6
	OND/NCE	14	8.2
	B.SC/BA/B.ED/HND	2	1.2
	Others	21	12.3
	TOTAL	171	100.0

Table 1 above illustrates the bio-data of the respondents, which include the age, marital status, religion and level of educational attainment. Nearly 40 percent are aged 35-44. Two-thirds are Christian and one-third Muslim. Nearly three-quarters are married, and the most common educational level is FSLC (First School-leaving Certificate.)

Table 2: Market Opening Time

OPENING HOURS	FREQUENCY	PERCENTAGE
6am	28	16.5
7am	78	48.4
8am	50	31.1
9am	2	1.2
Other time	3	1.9
Undecided	10	0.9
TOTAL	171	100.0

Nearly half the women leave their homes for the market by 7 a.m. Apart from leaving their homes early, most get home late as a result of delays.

Table 3: Awareness of HIV/AIDS Status

HIV/AIDS STATUS	FREQUENCY	PERCENTAGE
YES	59	34.5
NO	103	60.2
Undecided	9	5.3
TOTAL	171	100.0
Reasons for reluctance in knowing status through test		
Fear of death	5	2.9
Prefer not to know	6	3.5
Fear of testing positive	6	3.5
Fear of stigmatization	31	18.1
Undecided	123	71.9
TOTAL	171	100.0

Three-fifths of respondents said they do not know their status and were not ready to for the test. More than one-third have gone for the test and know their HIV/AIDS status.

The second part of the table looks at reasons for the reluctance to have an HIV test. Nearly 20 percent fear stigmatization. Other reasons include fear of death and fear of testing positive. More than 70 percent of respondents, however, gave no response to this question, showing that they are not well-informed.

MODE OF TRANSMISSION	YES		NO		UNDECIDED	
	Frequency	percent	Frequency	percent	Frequency	percent
Sexual Intercourse	136	79.5	35	20.5		
Sharing same bed	-	-	171	100		
Hand shake	1	0.6	170	99.4		
Mosquito bite	84	49.1	62	36.3	25	14.6
Sharing toilet	27	15.8	144	84.2		
Eating with infected person	1	0.6	170	99.4		
Blood Transfusion	137	80.1	34	19.9		

Sharing market stall	10	5.8	161	94.2		
Unsterilized blade/needles	128	74.9	43	24.6		
Infected mother to baby	89	52.0	82	48.0		
None	1	0.6	170	99.4		

Table 4: HIV/AIDS Information Awareness

On their mode of HIV/AIDS transmission, among the different options given in the table above, the highest number of market women, 80.1 percent, are aware that people can get HIV virus through a blood transfusion. A nearly equal number understand that it can be transmitted through sexual intercourse. Three quarters identified transmission through unsterilized needles. More than half responded positively about the transmission of the virus from infected mother to baby.

Nearly half the market women believe that mosquitoes can transmit HIV/AIDS, while 15.8 percent maintain that it can be contacted by sharing the same toilets as an infected person. These women need correct information.

**Table 5: Awareness of Information on Prevention**

PREVENTION	YES		NO		UNDECIDED	
	Frequency	percent	Frequency	percent	Frequency	percent
Isolate HIV/AIDS victim	15	8.8	155	90.6	1	0.6
Use of condom	110	64.3	60	35.1	1	0.6
Discourage sharing of blades	132	77.2	38	22.2	1	0.6
Abstain from pre/extra marital sex	140	81.9	30	17.5	1	0.6

Most of the women have relevant information on prevention. More than three-fifths advocate the use of condoms. Around 80 percent of respondents understand that discouraging the sharing of needles and abstaining from pre- and extramarital sex can serve as a check to contacting the virus. Less than 10 percent of respondents believe, wrongly, that people living with HIV/AIDS should be isolated as a means of prevention. Fear of isolation and stigmatization remains the major reason why many people living with HIV/AIDS have refused to declare their status.

The government and nongovernmental organizations have been holding campaigns in rural areas to make people aware of AIDS and the need for caution. Unfortunately, rural programmes for awareness are not realistic in the market environment.

Table 6: Availability of HIV/AIDS Rural Extension Services in the Market

PROGRAMMES	FREQUENCY	PERCENTAGE
Workshop/Seminar	1	0.6
HIV/AIDS Campaign	6	3.5
HIV/AIDS Talks	6	3.5
None	154	90
Missing system	4	2.3
Total	171	100

Ninety percent of respondents point out that there is no extension service of any kind. This coincides with the responses of the Iya-loja (market mother) and the market executive who admitted that they have never had any programme or material in connection with AIDS. They have monthly meetings where all the traders gather to discuss important issues, but have no information on HIV/AIDS. Though 6 (3.5) respondents claimed to have been exposed to programmes educating them about HIV/AIDS, the table is a clear illustration of the fact that market women are being starved of information.

Table 7: Sources of Information

SOURCE OF INFORMATION	FREQUENCY	PERCENTAGE
Poster	28	16.5
Radio television	78	45.6
Hand bills	10	5.8
Newspaper/magazines	25	14.6
Pamphlets	27	15.8
Undecided	3	2.5
TOTAL	171	100

Slightly less than half of respondents get information through radio and television. It was observed that some of them have small radios in the market and others listen to the radio and watch television late at night. Ndakotsu (2001) observes that radio, television, and films are powerful facilitators of educating rural dwellers, but should not be provided at the time when they engage in normal activities. Smaller numbers get information from posters, pamphlets, magazines, and newspapers.

Table 8: Places Where Information Is Available

PLACE OF AVAILABILITY	FREQUENCY	PERCENTAGE
Home	42	24.6
Market	3	1.8
Bus	28	16.4
Church/Mosque	48	29.1
Hospital	50	29.2
TOTAL	171	100.00

The hospital is the best source of information for nearly 30 percent of respondents. When the women go for ante-natal cases and health challenges, they receive hand bills, posters, etc., and listen to talks organized for women in the hospital. The church/mosque is a good source of information for a nearly equal number. The DACA and CACA organize many seminars and workshops in mosques and churches. Some women also get information at home through the radio, television, and newspaper with the help of their educated children.

Table 9: Hindrances to Information Access

HINDRANCES	FREQUENCY	PERCENTAGE
Difficulty in understanding language of resource	88	51.3
Timing of the radio and television programs	44	26
Constant power outage	38	22.2



Undecided	1	0.6
TOTAL	171	100

The effectiveness of information is in the ability of the users to access it with ease and convenience. The market women occasionally have access to radio, television, newspaper, magazine, poster, etc. Most of them do not understand the medium of communication. This is made clear in the responses of 88 (51.5 percent) respondents. The table also shows that the time important events are aired in the radio and television is not an ideal time for them. The power outages which are common in Nigeria also constitute a challenge to the use of the radio and television.

## Conclusion and Recommendations

Reading improves knowledge. The market women indicated their interest in acquiring knowledge for the prevention and management of HIV/AIDS, but most cannot understand the written medium of communication. It is necessary to repackage relevant books and other HIV/AIDS materials in their local dialects. There should be exhibitions of pictures of infected persons at strategic market locations. This will help sensitize them to the danger of contacting the virus. Occasionally, flyers should be distributed in the market as a way of reminding them of what they should know. Billboards could be mounted at strategic locations in the market.

The state and local action committees should organize monthly seminars/workshops, talks, and campaigns where medical practitioners can address the women in their mother tongue. Drama should be used to convey the information. This can be either through stage plays or films. NACA, SACA, LACA, and DACA can also engage librarians to repackage information that can be of use to them to educate market women in different parts of the country.

There is a great need to educate the rural market women on the importance of HIV tests. Stigmatization of, and discrimination against, people living with HIV/AIDS should be strongly discouraged. Though Nigeria already has significant HIV/AIDS problems, the implementation of the above measures will equip market women with the information needed to make a change to this situation.

## References

- Abdusalami, N., & Tekena, H. (2006). The epidemiology of HIV/AIDS. In: Adeyi, O., et al. (Eds.). *AIDS in Nigeria: A nation at the threshold*. Cambridge, MA: Harvard Centre for Population and Development Studies.
- Akunyili, D. (2005). Fake drugs are more dangerous than HIV/AIDS. *Daily Sun* (April 12): 12.
- Bla Me, H. (2000). My voice counts too. *The progress of nations*. New York: United Nations International Children's Emergency Fund (UNICEF): 3.
- Ejeagwu O., Nwafor-Orizu, U.E., & Uhegbu, A. (2007). An appraisal of the methods of disseminating of HIV/AIDS information in Nnewi-South Local Government Area of Anambra state, Nigeria. *The Research Librarian* 1 (2).
- Idoko, J.A. (2004). An overview of HIV/AIDS diagnosis and antiretroviral therapy in doctor's diary, Abuja: *Nigeria Medical Association*: 84-85.
- Igbo, N.M. (2000). *Coping with AIDS*. Owerri: Mantle Publishers.

Kanki, P.J., & Adeyi O. (2006). Introduction. In: Adeyi, O., et al. (Eds.). *AIDS in Nigeria: A nation at the threshold*. Cambridge, MA: Harvard Centre for Population and Development Studies.

Ndakosti, C.N. (2001). The information needs of Nigerian rural women. *Zaria Journal of Librarianship*. 4.

NEEDS (2004). *Sustainable development*. Abuja: National Planning Commission.

Nwafor-Orizu, U.E. (2003). *Do something about HIV/AIDS now*. Nnewi Horizon Volunteers on AIDS (HOVA).

Obasanjo, O. (2000). Goodwill message of President Olusegun Obasanjo to Nigerian children on the National Children's Day, Abuja, 27th May. *Selected Speeches of President Olusegun Obasanjo 2*. Abuja: Federal Ministry of Information National Orientation.

Okpeke, R. (1993). The role of information in the management of local government. Paper Presented at the Workshop on Information Management for Councilors and Local Government Administrators at the University of Ibadan, March/April.

Omagbemi, C.O., Odunewu, A.O., & Osifeso, F.F. (2004), Information needs of local government policymakers: A case study of Ijebu-North Local Government Area of Ogun State. *Lagos Journal of Library and Information Science* 3 (1).

Omorodion, F. I. (1993). Sexual networking of market women in Benin City, Bendel State, Nigeria. *Health Care for Women International* 14 (6): 561-571.

Oyegade, E.A. (2000). An overview of information technology in Nigerian public libraries: Information technology in library and information science education in Nigeria. Paper presented at the 10th biennial conference of NALISE.

Sina, A. (2003). *Global Communication and the media agenda*. Abeokuta: Julian.