



Current Sociodemographics of HIV Infected Adults in Lagos, Nigeria

Munirah Y Jinadu^{1*}, Endurance E Aghahowa², Oluwadamilola O Ogunsina³ And Adesola Z Musa⁴

¹Consultant Physician, Nigerian Institute of Medical Research, Yaba, Lagos, Nigeria

²Senior Medical Officer, Nigerian Institute of Medical Research, Yaba, Lagos, Nigeria

³Medical Officer, Nigerian Institute of Medical Research, Yaba, Lagos, Nigeria

⁴Chief Statistician, Nigerian Institute of Medical Research, Yaba, Lagos, Nigeria

***Corresponding Author:** Munirah Y Jinadu, Consultant Physician, Nigerian Institute of Medical Research, Yaba, Lagos, Nigeria.

Received: December 04, 2017; **Published:** January 17, 2018

DOI: 10.31080/ASMI.2018.01.0014

Abstract

The sociodemographics of HIV/AIDS over the years has changed with increasingly effective antiretroviral therapy. This cross-sectional study examines the characteristics of 395 randomly selected adults receiving HIV care at the largest HIV care centre in Lagos.

Results revealed ageing of the group with the greater disease burden to 35 - 44 years (47%). Females (68%) now have over twice the disease burden of males (32%). 83% of the respondents had a minimum secondary education. More than two thirds of the study population (71%) were married and 41% work in sales and services (41.5%).

Regular review of sociodemographics is needed to ensure that health education and better care are better defined for the population in need.

Keywords: Sociodemographics; HIV/AIDS; Lagos

Introduction

HIV/AIDS has remained a global public health challenge since the epidemic began in the mid to late 1970s [1]. Globally, there have been over 70 million cases of infection and over 35 million deaths recorded as the end of 2015 with the population of people living with HIV estimated to be 36.7 million. Africa accounts for the greatest disease burden with about 25.6 million HIV infected patients and is responsible for about two-thirds of global total new HIV infections in 2015 [2].

Nigeria has the second largest HIV epidemic globally with an estimated 60% of new HIV infections in West and Central Africa occurring in Nigeria [3]. Nigeria alongside South Africa and Uganda accounts for almost half of the new HIV infection in sub-Saharan Africa annually [4].

Though the prevalence of HIV infected persons is often presented using the 15 - 24 year age group (UNAIDS), as of 2014, HIV/AIDS prevalence rate amongst adult Nigerians was 3.17% for the 15 - 49 year age group [5].

Lagos state, despite being the smallest state in Nigeria in terms of landmass, has the second largest population according to the official 2006 census. Its position as a commercial hub in the nation gives it sociocultural diversity due to continuous immigration.

Sociodemographic characteristics include age, sex, marital status, level of education and occupation.

Aim of the Study

This study aims to examine the sociodemographic characteristics of patients receiving HIV care at the largest HIV care centre in Lagos.

Methods

Ethical Consideration

The study methodology was approved by the Institutional Review Board of the Nigerian Institute of Medical Research on 6th July 2017. Written informed consent was obtained from each participant. Participants were informed that; participation was voluntary and consent could be withdrawn at any time; all information collected in the study would be treated as confidential; all information about the participants could only be accessed by members research team; and the contact information of participants would be deleted at the conclusion of the study.

Study design

This is a cross sectional study based on quantitative analysis.

Study Population

The subjects were HIV infected adults who were enrolled for care at the Nigerian Institute of Medical Research ART Clinic. The ART clinic is one of the largest treatment centres in Nigeria. All were recruited during a randomly selected 10 day data gathering period for questionnaire administration. The inclusion criteria for the study were adults aged 15 years and above already on ART treatment. Written and/or thumb printed consent was received. Exclusion criteria was refusal of consent to participate in the study.

Sample size determination

Three Hundred and ninety five (395) randomly selected adult HIV positive individuals were recruited for this study.

Study Instrument

The instrument used was a simple questionnaire designed to extract necessary sociodemographic information. The questionnaire was pretested and self-administered by those who were literate and interviewer administered to those who had literacy challenges.

Results and Discussion

Age group

A total of 47% (n = 185) were within the age group 35 - 44 years. Those who were less than 24 years of age constituted 2%, those in the age group 25 - 34 constituted 17% while those in the age group 45 years and above made up the remaining 34%. These findings were at variance with earlier studies carried out in Nigeria which seemed to suggest the age group 15 - 24 had majority of the disease burden [6]. This could be as a result of the patients previously in that age group living longer and growing into older age groups.

Increased awareness and education programmes are likely responsible for reduction in incidence of new infections in this age group. Nigeria’s PMTCT program seems to have reduced infection in the populations generally [7].

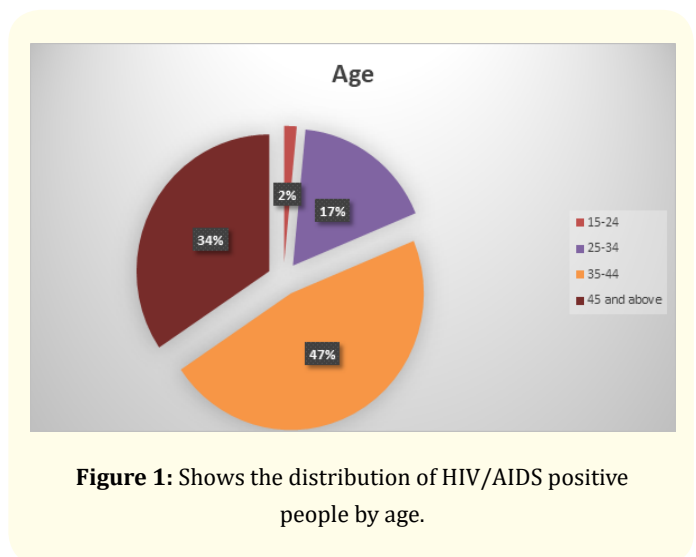


Figure 1: Shows the distribution of HIV/AIDS positive people by age.

Sex

The distribution by sex revealed that more females (68%) than males (32%) were infected in our study. This implied that for every male infected, there were two females infected. Although young men are more likely to engage in risky sexual behavior data from other sources have indicated that females are disproportionately affected by HIV [8]. This could be due to anatomical differences that drive heterosexual transmission of HIV. This could also be due to the use of barrier method of contraception which helps prevent HIV transmission being dependent on the decision of the male partner. In many countries like in Nigeria young women are between two to five times more likely to be infected than young men, and this is consistent with our findings [9]. The effect of polygamy cannot also be ruled out.

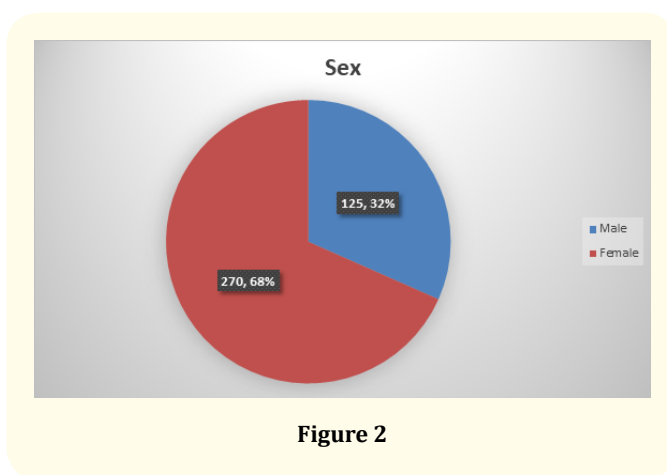


Figure 2

Education

Majority of respondents had at least secondary school education (O levels) 83%. 42% had tertiary education. The study centre is essential in an urban region with access to education. Education is free to secondary school level by the state government and tertiary education is hugely subsidized. The high level of education is likely to improve health seeking behaviour in the populace [10].

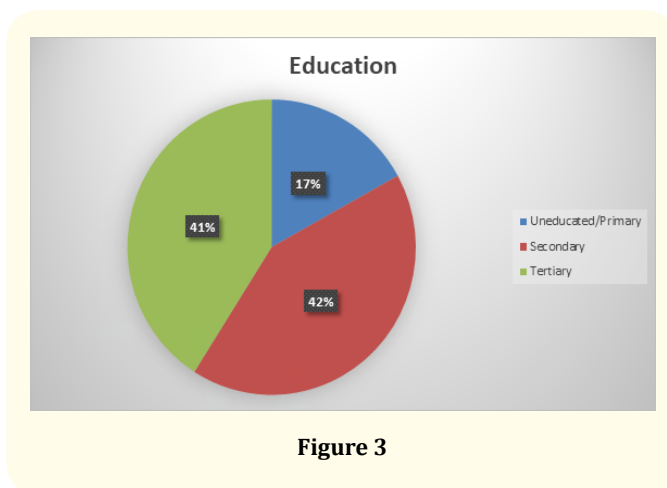


Figure 3

Marital Status

Figure 4 shows the distribution of HIV/AIDS infected by marital status in our study. It revealed the over two thirds of our study population are married. There is obvious need for awareness drive to be geared towards combatting socio-cultural hindrances to disclosure amongst sero-discordant couples. Preventing mother - child transmission also needs to be most active.

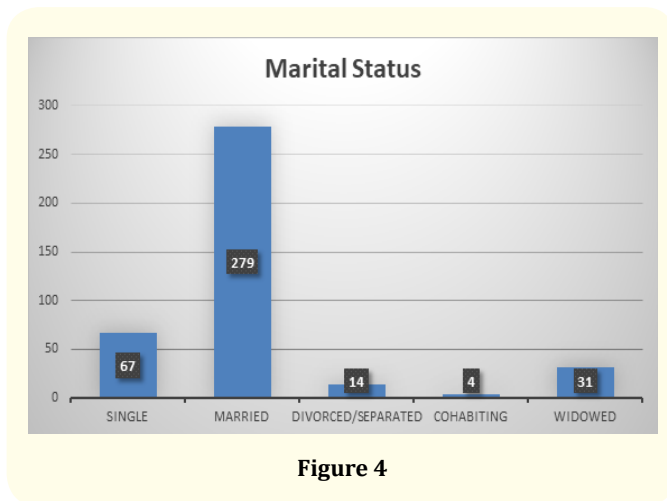


Figure 4

Occupation

The distribution by occupation shows that about half of our respondents were in sales and services. This group includes commercial sex workers and interstate marketers of products. Lagos is the commercial hub of the nation Nigeria. Other studies including that in Adamawa State revealed many of the respondents as being unemployed [8].

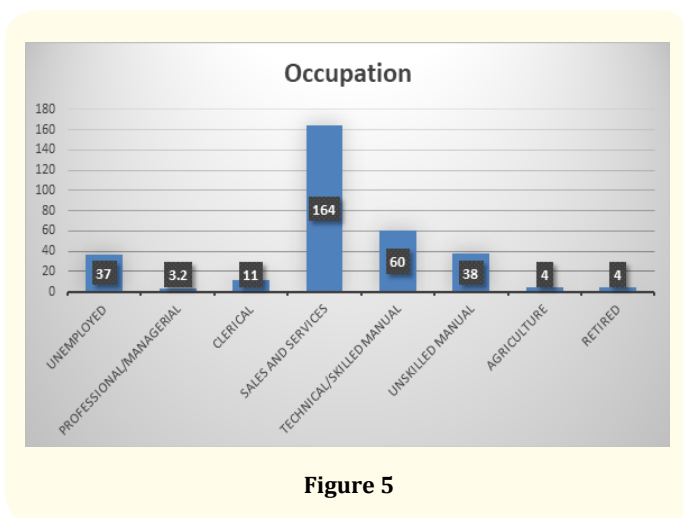


Figure 5

Conclusion

The sociodemographic characteristics seen in this study include ageing of seropositives and a larger population of married participants.

Regular review of sociodemographics is needed to ensure that health education and better care are better defined for the population in need.

Bibliography

1. <https://www.avert.org/professionals/history-hiv-aids/overview>
2. WHO. HIV/AIDS.
3. UNAIDS 2016 PREVENTION GAP REPORT PG (2016).
4. <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/nigeria>
5. "HIV/AIDS - adult prevalence rate" CIA World Factbook (2014).
6. National Youth Service Corps/UNICEF. National baseline survey on knowledge, attitudes, beliefs and practices on RH and HIV/AIDS. NYSC, Abuja (2007).
7. Agboghroma CO., et al. "Effectiveness of prevention of mother-to-child transmission of HIV program in Abuja, Nigeria". *Journal of HIV and Human Reproduction* 3.1 (2015): 7-13.

8. Bremner J., et al. "World population highlights: Key findings from PRB's 2009 world population data sheet". *Population Bulletin* 64.3 (2009): 2-12.
9. Laah JG. "The prevalence of HIV/AIDS in Zaria, Kaduna State". *Journal of the Population Association of Nigeria* 3.1 (2003): 95-101.
10. Elvis Ihaji. "Educational Level, Sex and Church Affiliation on Health Seeking Behaviour among Parishioners in Makurdi Metropolis of Benue State". *Journal of Educational Policy and Entrepreneurial Research (JEPER)* 1.2 (2014): 311-316.

Volume 1 Issue 2 February 2018

© All rights are reserved by Munirah Y Jinadu, et al.