

## Managing the Aids Victims Through a Community Based Health Approach and Interactive Media Exposition

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**Abstract:** The study reviewed the AIDS problem among Nigerians and ascertained the possibilities of a community based health care as a rehabilitating approach for AIDS patients among the peoples of Nigerian. Data was gathered via the administration of a questionnaire which was previously validated and pilot tested for reliability. Four hundred and fifty subjects were used. They were selected using the systematic Random Sampling Method. These comprised of 150 subjects from each of the major tribes in the country i.e., Yorubas, Ibos and Hausas. Results show that even though, the community based health care was the consensus of the people, isolation and rejection from the community and disciplinary measures were also endorsed.

**Key words:** Flow line, community based health care, herbalists, home nursing, Hausa, Ibo, Yoruba

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### INTRODUCTION

The saliency of community based rehabilitation for health promotion among individuals with chronic physical and mental ill health has been in practice for some time now. Erinosho (1977) advocated this approach for psychiatric patients in the Nigeria communities. While Luke and Verma (2004) reiterated additional influences on behavior, health and life choices as the family, school and religion. Even though, young people do not rate the family high (4.0%) in a survey of Canadians by Davison and Manion (1996) as to where they would most likely seek help for a mental health concern, 32% confirmed that they would seek help and consolation from the family doctor.

Because these researches found a poor rating among their subjects brought about the reasoning that not only do the approaches have to move with the attitudes and perceived needs of and by our youths, they were of the opinion that a system that allows such a continuum may engender a continuing improvement in the array of problems facing individuals and youth having chronic physical and mental ill health. A model would capitalize on the strengths of the traditional approach for the inadequacies. Physical and mental ill health service delivery system was therefore suggested in clear terms. The role of families and other significant others is being

solicited for physical and mental health care among young people. Gill (1995) and Brown *et al.* (2006) remarked that in the realization of the very important place occupied by the community in rehabilitation, the WHO for over 20 years have been promoting a community based rehabilitation model as an integral part of Primary Health Care. In practice, the model emphasizes service delivery to disabled people in their own communities.

It is to promote community involvement, self-reliance, self-sufficiency and awareness by supporting the use of local resources. Like every other physical and mental disabilities, AIDS is disabling and incapacitating physically, socially and economically. For instance, the Global Programme on AIDS claims that AIDS victims suffer additional problems over and above the general one and that AIDS cause unnecessary human suffering.

The known victims suffer unwarranted discrimination, isolation, reprimand, job deprival and chronic ill health, terminating in death as if the psychological, emotional trauma suffered is nothing to be counted upon (Campbell *et al.*, 2007; Menkhaus, 2008). Friends, relations and community members isolate him from social functions and other communal activities. It is expected that with the amount of propaganda and education going on and being mounted by the World Health Organisation, Planned Parenthood Federation of Nigerian, the various women organizations, Government and Non-governmental

Organizations (Chhabra *et al.*, 2008; Aylward *et al.*, 2006; Juhasz, 1990; Brown *et al.*, 2006), the AIDS scare will be less. The study therefore concerned itself with determining, whether or not the Nigerians will embrace a community based health care approach in the care of the AIDs victims. The endeavour ascertained the most favoured approach as hospitalization, isolation among others.

The media combines the visual flexibility of an interactive videodisc with the storage and retrieval capabilities of a computer to display text, graphics, photos and full-motion media. Rather than a completely descriptive or didactic approach to STD and AIDS prevention activities, a novice user can see and interact with an immediate-motion video representation on the screen. This is important in modifying behavior patterns and demonstrating their relationship to the transmission of the AIDS virus (McGrane *et al.*, 1990; Folkman and Moskowitz, 2000).

Over 50 years of risk-reduction efforts for Sexually Transmitted Diseases (STD) exist as a foundation for Acquired Immunodeficiency Disease Syndrome (AIDS) prevention programs in the military, yet very few innovative prevention concepts have been generated. However, the military has used interactive media successfully in medical education to supplement instructional lessons, demonstrate surgical procedures and train soldiers in mass casualty and combat trauma. The Department of Defense plans to use interactive media in the military's STD clinics for AIDS education (McGrane *et al.*, 1990).

According to the Kenya Demo-graphic and Health Surveys of 1993 and 1998 using in-depth interviews among people living with HIV/AIDS and opinion leaders together with exposure to AIDS information through mass media may lead to high levels of awareness among the people (Priscilla *et al.*, 2003; Campbell *et al.*, 2007).

## **MATERIALS AND METHODS**

The main research design was a sociological survey. The survey was carried out among the three major tribes in the Nigeria resident in Ilorin, Kwara State (The Yorubas, Ibos and Hausas).

Four hundred and fifty subjects were sampled for the study with 150 subjects sampled from each of the three major Nigerian tribes. After isolating Communities in the Ilorin metropolis, known as Hausa, Igbo, Yoruba communities, the street with the lowest human flow line were selected in each community. This was to enable the researchers to painstakingly sample the required size.

Furthermore, individuals that passed by at 15 min intervals were therefore sampled. A previously validated questionnaire which was originally compiled in English Language was administered on the non-English speaking subjects as found necessary. In this way 101, 87 and 98 Hausa, Yoruba and Ibo males were sampled, while 49, 63 and 52 Hausa, Yoruba and Ibo females were sampled, respectively. The questionnaire ascertained the opinions and perception of the samples on the alternative health care approach for the AIDS patients. Descriptive statistics was used to analyse the data. Percentages, pie and line graphs were used to present the findings of the study.

## **RESULTS**

Subjects agreed on the fact that the AIDS problem is here with us. Subjects have this response with high certainty. In their responses to the question items regarding their opinions on the different health care approaches to be provided for the care of the AIDS victim, subjects identified their choices in different degrees.

Figure 1 showed that 50.9% of the entire subjects endorsed a form or the other of community based health care approach. About 23.5% stressed home nursing by professionals, 15.1% are comfortable with home nursing by families, (significant others) and neighbours, while 12.0% opined that it is better that AIDS victims are cared for via traditional means by diviners and herbalists through divination, prayer homes and application of herbs.

It was also revealed that 12.0 and 9.0% of the subjects are of the opinion that they should be sent for care in special Homes in form of infectious diseases hospitals as is the case for Lepers that have their colonies. However, 28.1% agreed that they can be cared for in formal secondary health care institutions. A breakdown of these responses by tribes shows that in all cases, respondents slightly differ by tribes in their responses.

Figure 2 showed that the Yoruba speaking samples in all cases scored generally highly than other tribes in all the items except in the case of home nursing by family members and neighbours, where only 3.4% of the respondents endorsed this approach. Also, the tribes (Hausa, Ibo and Yoruba) differ in the use of herbalists and diviners as alternative health care approach. Only 1.0% of Ibos endorsed this, while 5.0 and 6.0% of the Yoruba and Hausa speaking respondents endorsed this approach.

Moreover, Figure 2 shows that more Hausas 7.0% than Ibos 5.4 and Yorubas 3.5% agreed that home nursing by family members and neighbours is good for the AIDS

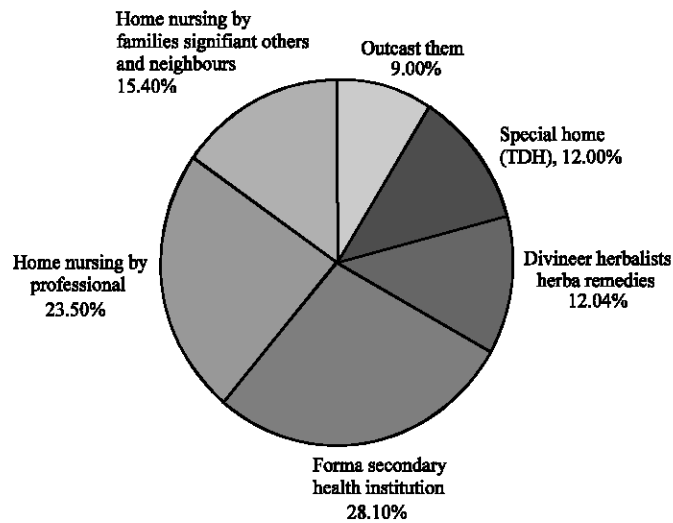


Fig. 1: Subject responses to alternative health care by Tribes

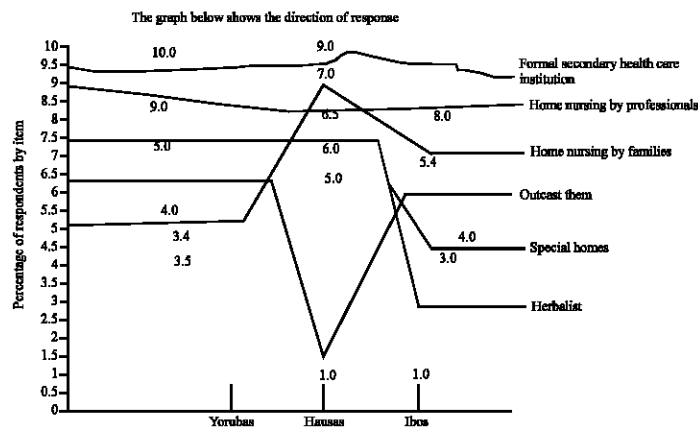


Fig. 2: Subject responses to the different health care approach for Aids victims

victims. Meanwhile, the Yorubas agreed more (9.0%) on home nursing by professionals than the Hausas (6.5%) and the Ibos (8.0%).

## DISCUSSIONS

One finds by the results of this study that subjects are not in full support of a community based health care approach for the AIDS victims. Though, 50.9% endorsed a community based health care approach of some sort, they are not of one accord in their types and nature of community based approach that must be used. This is surprising because much has been said about the role of home support in the treatment of chronic diseases and mental unwellness as a viable coping and social support agenda in Primary Health Care System (Erinosho, 1977; Ebrahim and Rowland, 1996; Luke and Verma, 2004; Gill,

1995; Brown *et al.*, 2006). It is however not impossible that Nigerians react negatively to specific community based health care approaches because of the fear expressed by Gill (1995) and Menkhaus (2008) that except a community based health care is planned, managed and monitored at and from the three levels of government, the approach will not bring about the desired objectives, the scenario in Nigeria has not taken care of this exception fully at the grassroots or community levels in its AIDS propaganda drive.

Majority of its citizens are only able to listen to the radio but are deprived the visual technology via the television, motion pictures and slides to educate the communities on the WHO community based health care approach. According to Gill (1995) propaganda training should be brought to the people using simplified interactive media technology and in their languages.

## CONCLUSION

The response patterns by tribes show a great link with the cultural believes in the different tribes in matters of community homogeneity, the Hausa are socially known to relate freely with their disable kinsmen than the Yorubas and Ibos.

## RECOMMENDATIONS

The community based care approach should be propagated for the AIDS victim to ameliorate the disabling placed on them by this infection. However, the programme should propagate to all poor/low income families, rural dwellers, urban and rich/high income families. This will make them to be more psychologically and emotionally elevated to be able to cope with their dilemma and enhance their reliance and independence, while life lasts.

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