

Profiling HIV/AIDS Risk Perception, Safety and Marital Adjustment in Southwest Nigeria

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Abstract

This study examined the relationship between HIV/AIDS risk perception, safe behaviour and marital adjustment among Federal Public officials in Ibadan. It explored how the risk of HIV/AIDS affected the sexual behaviour of federal workers who are transferred away from their families. The study sample was chosen based on the perceived implications of the constant posting of the Federal Government official to locations far away from their families. Both primary and secondary data were utilized in the study. Quantitative data was collected through a questionnaire survey conducted with 200 respondents. Qualitative data were collected from official records and previous empirical studies. The qualitative data were content analyzed, while the quantitative data were analyzed using percentage and chi-square. Results reveal that measures taken by respondents when they feel the urge for sex include travelling back home to meet their spouses, reading scriptures, fasting and prayer, and taking sleeping pills, while some male respondents move along with their wives and children while on transfer. The study concludes on the need for increased awareness about HIV/AIDS as well as counselling and family support services for federal civil service workers.

Keywords: Risk Perception, Safe Behaviour, Marital Adjustment, HIV/AIDS, Sexual Behaviour

Introduction

The global HIV/AIDS scourge is at epidemic proportions, particularly in Sub-Saharan Africa (Tanser *et al.*, 2018, McGillen *et al.*, 2016). It is estimated that by 2020, between 10.6 and 20.9 million children under the age of 18 would have lost one or both parents due to AIDS-related causes (Awofala and Ogundele, 2018, Osasona 2006). Millions more have been impacted by the epidemic, which has increased the likelihood of poverty, homelessness, discrimination and lost opportunities (UNAIDS, 2020), in addition to contracting COVID-19 (Perri *et al.*, 2020). Furthermore, seven out of every 10 HIV-positive people live in Sub-Saharan Africa, which includes Nigeria. AIDS is currently the largest cause of death in Sub-Saharan Africa, while prevalence rates vary greatly between nations. In Africa, unprotected heterosexual sex remains the most common means of transmission, but acute poverty in many parts of the continent has aided the disease's spread among economically vulnerable groups (Osasona, 2006).

Recent statistics (Hlongwa *et al.*, 2019, Kharsany and Karim, 2016, UNAIDS, 2013) show that HIV/AIDS continues to destroy humanity, with Sub-Saharan Africa bearing the brunt of the disease. UNAIDS estimates for Sub-Saharan Africa, which accounts for just over 10% of the world's population, show that the continent had more than 60% of all HIV/AIDS patients globally in 2004, with numbers ranging from 23.4 million to 28.4 million (UNAIDS, 2008). Similarly, according to Kalipeni and Zulu (2008), the nine countries of southern Africa account for only 2% of the worldwide population, but 30 percent of persons living with HIV/AIDS in the world are concentrated in these countries.

Biomedical data continues to illustrate the dynamics of the Human Immunodeficiency Virus (HIV) in various parts of Nigeria (Adetoro 2008). As research has progressed, it has become obvious that social and cultural factors have a role in HIV transmission and control. Studies in the Americas, Asia, the Caribbean, and Africa, particularly in Cote d'Ivoire, Nigeria, Senegal, and Uganda (Del Prado, 2000; Aggleton and Bertozzi, 1999; Ajuwon *et al.*, 1998; Edem and Harvey, 1998), consistently show a link between people's lifestyles and HIV infection rates.

This is especially true in developing countries like Nigeria, where various factors such as low levels of education, poverty, a lack of information (Nweze *et al.*, 2017, Frohlich, 1999, Oladepo *et al.*, 1998, and Orubuloye *et al.*, 1993), and other factors stifle the acceptance of new ideas and behaviours (Nweze *et al.*, 2017, UNAIDS, 2008). In Nigeria, the six states of Kaduna, Akwa Ibom, Benue, Lagos, Oyo, and Kano, account for 41% of HIV-positive people in the country (NACA, 2017). HIV prevalence is highest (5.5 percent) in Nigeria's southern states (known as the

South South Zone). The frequency according to NACA (2015) is lowest in the southeast (South East Zone), where it is 1.8 percent. In rural areas, HIV prevalence is higher (4%) than in urban areas (3%).

In 2017, over 150,000 people in Nigeria died as a result of AIDS-related illnesses. From 2005 to the present, the number of annual AIDS-related deaths has decreased very slightly, indicating that only 33% of people in Nigeria with a positive diagnosis are receiving antiretroviral treatment (ART) across the country (Avert, 2020).

The impact on individuals, families, and communities that these numbers have at the micro-level of society is an issue that cannot be overstated. People become unwell, are unable to work, and lose income as their families spend money on care and treatment while also losing time caring for them. As people continue to die, specialized workers, skilled artisans, and educated officials go without successors. Firms close, crops sit fallow, current profits are lost, future earnings are postponed, and time and money are spent on funerals and grieving. Women get sick and die at a much earlier age than men. Female survivors are forced to rely on relatives for land, shelter, and inheritance because of their reproductive roles in the family, farm, and the informal economy, or relocate to cities and join the underclass of commercial sex workers and street children.

The domestic effects of HIV/AIDS still require more attention. Current explanations are based on a series of research and conclusions about the prevalence of sexual networking in the countries (Adeokun, 2006; Igbalajobi, 2003; Abidogun, 2001; Orubuloye, 1997 and 1996). Many couples were found to be involved in extramarital relationships as a result of a variety of causes, including spouses' inability to please their partners, difficulty in meeting financial demands and a breakdown in communication at home (RodriguezHart *et al.*, 2018). Other causes include in-law interference, or distance problems as a result of working conditions, which is one of the key factors for most men and women that they require someone to look after them at their various locations, to the detriment of their families. Given the importance of the family structure as society's sole foundation and hope for the survival of the human race, it is thus important to understand couples' HIV/AIDS risk perception to safe behaviour and marital adjustment as reflected among Federal Civil Servants in Ibadan, Oyo State. In essence, this study is aimed at answering this question: what is the relationship between marital adjustment and risk perception to safe behaviour?

Marital Adjustment Risk Perception and Safe Behaviour

All marriages are aimed at happiness in one or another way. Most couples come to the marital relationship with great expectations. Some of the expectations will be realistic while others are unrealistic (Janetius, 1998). This is largely due to the complexity of individual partners in the marital relationship. As the complexity of individuals is akin to that of a universe, therefore, in marriage two universes come together. Happiness, satisfaction, and fulfilment of expectations are possible only by mutual adjustments that lead to a common concept of marriage (Ningsih and Herawati, 2017). This thus informed the concept of marital adjustment which denotes the process of accommodation of spouses to each other.

Couples enter marriage with a lot of expectations. Some expectations will be reasonable, while others will be irrational (Janetius, 1998).

This is owing to the fact that marriage is a complex institution, and each human is as unique as a universe. As a result, marriage brings two universes together. Only reciprocal changes that lead to a common concept of marriage can bring happiness, pleasure, and fulfilment of expectations. As a result, the notion of marital adjustment emerged, which refers to the process of spouses adjusting to one another. It can also be viewed as calculated attempts to organize or agree on living conditions or ways of life in order to ensure that partners feel happy and satisfied with their marriage and with each other. It is the couple's integration into a union in which the two personalities interact to complement one another for mutual happiness and the realization of common goals, rather than simply merging or submerging (Fakhra and Iqbal, 2019). This is based on the belief that well-adjusted marriages are more likely to continue for a long time and foster a trusting connection and happiness for the partners (Basharpoor and Sheykhholeslami, 2015, Hashmi *et al.*, 2007).

Religion, social life, mutual friends, in-laws, money, and sex are the six domains of marital adjustment identified by psychologists (Lazarus and Delingis, 1983). According to several scholars (Hashmi *et al.*, 2007, Parron, 1982, Margolin, 1980), marital satisfaction, coherence, agreement, affection, and conflict are other elements that contribute to levels of marital adjustment. Couples that are well adjusted are more likely to have long-lasting, stable marriages, whereas those who are poorly adjusted are more likely to experience instability and/or divorce. Social and personal resources, lifestyle satisfaction, and benefits from the spousal connection are all predictors of marriage satisfaction, which is a component of marital adjustment. Age differences between spouses, length of the marriage, and the number of children are other determinants of marital adjustment. Working married women, according to studies, have greater challenges in their marriages

than non-working married women. Hashmi *et al.* (2007) found that highly educated working and non-working married women can do well in their married lives and are less depressed than little educated working and non-working married women.

Risk perception is a subjective assessment of a risk's features and severity. Risk perceptions are also influenced by the perceiver's emotional state (Kummeneje and Rundmo, 2020, Arshad *et al.*, 2014, Bodenhausen, 1993). Several ideas have been offered to explain why different people evaluate the severity of dangers differently (Girlando *et al.*, 2021). The valence theory of risk perception distinguishes between positive and negative emotions like happiness and optimism, as well as fear and wrath. Positive emotions, according to valence theory, lead to optimistic risk perceptions, whereas negative emotions affect a more pessimistic risk perception (Lerner and Keltner, 2000). Risk and benefit are positively connected across all hazardous activities in the world, yet research reveals they are inversely correlated in people's brains and judgments (Slovic, 2006). Using these concepts of risk perception, safe behaviour and marital adjustment as a foundation, this study aims to assess the ability of Federal Civil Servants to sense or have the feeling that they are likely to contract or have contracted HIV/AIDS as a result of their sexual behaviour when they are away from their families due to their jobs. Hypotheses generated here include:

- 1) There is no significant relationship between HIV/AIDS risk perception, safe behaviour and marital adjustment among the Federal Civil Servants.
- 2) Sex of the couples has no significant effect on their HIV/AIDS risk perception and safe behaviour
- 3) Couples' HIV/AIDS risk perception will have no significant relationship with mutual agreement on the reproductive decision as an adjustment strategy
- 4) The religion of couples will not have a significant relationship with HIV/AIDS risk perception, safe behaviour and marital adjustment.

Methodology

The study examined the relationship between HIV/AIDS risk perception, safe behaviour and marital adjustment among Federal Public officials in Ibadan southwest Nigeria. It investigated the risk of HIV/AIDS affecting the sexual behaviour of federal workers who are transferred away from their families. The data was collected primarily through the use of the questionnaire survey. According to Olorunlana *et al.* (2018), a survey questionnaire is part of qualitative tools and strategies. We administered both open and close-ended questionnaires. A total of 200 respondents participated in the survey (100 hundred males and 100 hundred females). All of the participants have been married for at least 5 years.

The respondents were randomly selected from the Federal Civil Servants working at the Federal Secretariat in Ikolaba, Ibadan, Nigeria. Given the study's objective, 159 respondents initially agreed to participate in the study while 41 declined. The second round of random selection was conducted to give room for the inclusion of others in order to meet up with the projected number of respondents. The questionnaire took the respondents an average of two weeks to complete. Every copy of the questionnaire that was distributed was duly filled out, returned, and was useable. The Federal Civil Service (FCS) employees of the Federal Secretariat in Ibadan were picked to represent a diverse ethnic group. This is achievable due to the FCS's Federal Character policy for employee recruiting. The policy states that civil service and political appointments should reflect the country's broad ethnic character. In analyzing the data collected, the t-Test of independent variables and the Pearson Product Movement Correlation were used to test the hypotheses at a 0.05 level of significance.

Results

The majority of the respondents were female (58%); while males constituted the remaining 42%. All the respondents were married. This is not surprising since marital status was an important criterion for the selection of the study population. Their age range was: 31 to 40 years (44%), 41 to 50 years (38%) and those above 50 years (18%). The Christians were in majority (54%), followed by the Muslims (30%) and the remaining 16% that did not signify their religious inclination. The academic qualification showed that 18% had Masters's Degree, 42% had Bachelor's Degree and Higher National Diploma certificate, 16% had a National Diploma certificate, 14% had a Secondary School certificate while the remaining 10% had professional certificates in Accounting/Computer operation and word processing as well as Typing and Shorthand.

Marriage and Marital Experience

Only 19% of the study population had their families with them in Ibadan. This implies that the remaining 81% were on transfer to Ibadan and that their families were not residing with them at the time of this study. Most of the respondents (68%) have been married to their spouses for more than 10 years. 10% had been married between 3 to 5 years before this study took place. 22% had been married between 5 to 10 years before the study. Out of this study population, only 5% had been married twice. 58% of the respondents affirmed that they have had misunderstandings with their spouses. The average frequency of such misunderstandings was once in a month (26%) while 16% revealed that it never occurred. 92% believe that marital happiness was not determined by the presence of the children while the remaining 8% said it was.

This corroborates the position of Xu *et al.* (2015) that children play an important role in stabilizing marriage and resolving conflicts in marriage. The couple especially the wife most often, uses the presence of children to console themselves at the time of disagreement and conflict. Omobowale *et al.* (2019) stressed that the survival of many marriages among the Yorùbá in Nigeria was largely due to the existence of children. He asserted further that most couples tolerate one another basically for the sake of the children in such marriages. It is in view of this that the Yorùbá in Nigeria likened marriage to a business transaction which becomes less attractive to prospective buyers once a child is involved. As a result, African couples exercise more patience and endurance in their marriages because of their children who may also suffer if the marriage is allowed to fail.

The reality of this is equally manifested in the responses of the majority of the study population (76%) that they sometimes considered the possibility of divorce, however other respondents (24%) have never considered the divorce option. It implies that these people considered the idea of divorcing their spouses but jettisoned the idea because of other intervening factors. Some respondents (46%) reported further that marriage did not have much impact on their careers. On the other hand, 28% said since they got married, their job performance improved, 16% of them said the job was worse than before marriage, while the remaining 10% could not comment on this. Life after office work was a hell of the sort to some respondents (6%) hence they never look forward to it. To 34%, this was a period of the day they always look forward to; 52% of the respondents frequently looked forward to it, while 12% occasionally looked forward to it. Only 18% affirmed that in-laws did interfere in matters concerning their marital lives, while the rest said such a thing was never allowed in their marriage. All of the respondents reported satisfaction with the way their spouses handled their children.

The respondents were of the view that couples have different sexual interests which should be respected. Most of them also believed that sexual compatibility was very important for marital harmony. Sexual intercourse was mostly seen as an act that should be regular but with the use of contraceptives except when the decision is made to make a new baby. Few disagreed with the idea that sex should occur only when there is a need for a new baby. The respondents saw sex as necessary in marriage. They further asserted that couples should make love regularly to prevent unfaithfulness and extramarital affairs.

Most of the respondents agreed that Jobs that involved transfer away from home make couples vulnerable to HIV/AIDS contract. The idea that most people living

with HIV/AIDS contracted it sexually was not accepted by the respondents. However, they revealed that couples should go for HIV/AIDS tests on a regular basis since the disease is not contracted through sexual intercourse alone. Drinking and taking drugs were seen as capable of exposing one to high-risk sexual behaviour. At the same time, a lack of adequate emotional support from one's partners according to the respondents could make one look elsewhere for support. Quite importantly, only a few of the respondents agreed that having more than one sexual partner was dangerous and that every sexually active person should undergo an STD test every six months. To most of the respondents, the use of condoms and similar contraceptives in a marital relationship suggests mistrust. They further agreed that some couples engage in extramarital affairs in order to make ends meet. However, respondents disagreed with the position that only promiscuous couples contracted STDs and HIV/AIDS. They believed that most people living with HIV/AIDS did not contract it through sexual intercourse.

Marital Adjustment Mechanism

Almost every respondent (96%) reported experiencing the need for sex one at a time or the other. These respondents had various measures they adopted to manage this situation. The measures include travelling home to meet their spouses (26%), reading scriptures and meditating (14%), fasting and prayer (16%), fasting only to take one's mind away from sex (8%) and taking sleeping tablets (6%). Some respondents (20%) move along with their wives when transferred. 10% reported that they usually look for some convenient solution to the situation. The type of solution was not mentioned, but it suggests having sexual partners outside their marriages.

Hypothesis 1: There is no significant relationship between HIV/AIDS risk perception and marital adjustment among the Federal Civil Servants.

Since the calculated value (0.1688) is less than the critical value (0.1946). The hypothesis stated is hereby retained. Therefore, there is no significant relationship between HIV/AIDS risk perception and marital adjustment among workers of federal civil service.

Hypothesis 2: Sex of the couples has no significant effect on their HIV/AIDS risk perception

From the above table, t -calculated (1.25) is less than t -critical (1.98). Therefore, since t -calculated is less than t -critical, the hypothesis stated is hereby retained.

This however implies that sex will have no significant effect on couples' HIV/AIDS risk perception and marital adjustment.

Hypothesis 3: Couple HIV/AIDS risk perception will have no significant relationship with mutual agreement on the reproductive decision as an adjustment strategy

The above table revealed that the calculated 'r' (0.2177) is higher than the critical 'r'. In light of the fact that the calculated value is higher than the critical value, the hypothesis stated is hereby rejected. By implication, therefore, risk perception will be significantly related to a mutual agreement on the reproductive decision as an adjustment strategy in the context of HIV/AIDS.

Hypothesis 4: The religion of couples will not have a significant relationship with HIV/AIDS risk perception and marital adjustment

The above table showed that the calculated value is 0.2072 while the critical value is 0.1946. Since the calculated value is less than the critical value, the hypothesis stated is hereby rejected. This implies that the religion of couples will have a significant relationship with HIV/AIDS risk perception and marital adjustment.

Discussion

In reference to the data obtained for this study, sex was revealed as necessary in every marriage as sexual compatibility was asserted as crucial to marital harmony. However, the need for appreciation of differing individual sexual interests was also emphasized. It was also noted that couples need regular sexual intercourse in order to prevent unfaithfulness and extramarital affairs. Contraceptives such as male condoms are believed to be necessary in order to prevent unwanted pregnancy. Issues like inadequate emotional support from one's partner and the need to make ends meet were identified as capable of leading to extramarital affairs. Living away from home as a result of transfers at work makes couples susceptible to high-risk sexual behaviour and vulnerable to HIV/AIDS. Alcohol consumption and hard drugs were also seen as exposing people to high-risk behaviour. While some people believe that most people living with HIV/AIDS contract it through sexual intercourse, the view of other people is that contraction of HIV/AIDS is not limited to sexual intercourse and that people should go for tests on a regular basis, this is similar to the findings of Okoror et al. (2016) on heterosexual men. Others believed that only promiscuous couples contracted STDs and HIV/AIDS hence the negative view of the practice of having multiple sexual partners.

The above points to respondents' acceptance of sexual intercourse as a necessity in marriage and their perception of the risk of HIV/AIDS. It is clear that most mature humans experience and respond to the need for sex. The measures taken by respondents when this happens include travelling home to meet their spouses, taking to scriptural reading, subjecting oneself to fasting and prayer to take one's mind away from sex and taking sleeping tablets, while some male respondents move along with their wives while on transfer. This would imply that such spouses were not formally employed. While such movement with wives is taking care of the emotional and domestic needs of the husbands, this affects the stability and education of the children as they change school, friends and neighbourhoods frequently.

Recommendations and Conclusion

The following recommendation will help in profiling and combating HIV transmission and management.

- 1) The Nigerian Civil Service should pay attention to the domestic needs of its staff when making transfers. Since it has been shown that being away from home predisposes workers to dangerous sexual activities, the civil service should take into consideration the families of their workers when transferring its staff. Measures could include limiting the frequency of transfers, aiding with job placements for spouses of transferred staff, and school placements for their children in the new environment.
- 2) The government and the civil service should continually sensitize their federal workers on HIV/AIDS-related matters. This would be with a view to spreading scientific and accurate information on the disease. This would reduce harmful sexual practices, aid prevention and also enable persons living with the disease to know the steps that should be taken.
- 3) Counselling and family support services should be provided for federal workers, particularly those living away from their families due to work transfers. This would help such workers to know how to cope with living apart from their families and also know how to avoid dangerous sexual practices.
- 4) Such counselling and family support services should also be given to the families of federal workers. They would know how to cope with the absence and also give support and understanding when it is needed.
- 5) Special attention must be given to the needs of couples living with HIV both in prevention and care programs. The management of HIV/AIDS should be emphasized because large numbers of couples are already living with the virus. In many cases, couples die from the disease and leave the orphans uncared for.
- 6) Full use must be made of legislation to promote the protection of couples living with HIV, especially in the workplace. Most workplaces have negative attitudes toward people living with HIV/AIDS and stigmatized them. They

subsequently lay them off or make the work environment most unfriendly which forces such people to drop off. An enabling law will solve help to solve this problem.

7) Policymakers must ensure that couples are empowered to make choices regarding sexual and reproductive health matters. This includes making contraceptive services available and affordable (including emergency contraceptives). Other measures such as forced sterilization or abortion and ensuring that access to post-abortion facilities is easy where such abortions are permitted by law.

8) Owing to the dynamic nature of the HIV/AIDS pandemic, the role of religions such as Christianity and Islam in achieving attitudinal and behavioural change cannot be over-emphasised. Therefore, such religions should rise and embrace the challenge posed by HIV/AIDS pandemic. Religious organizations, more than ever before should be aggressive in the campaigns against HIV/AIDS. Religious organizations need to continually train and re-train religious leaders such as pastors and Imams on the latest facts about HIV/AIDS.

9) Government through its agencies such as the National Agency for Control of AIDS (NACA). State Agency for Control of AIDS (SACA) and Local Agency for Control AIDS (LACA) should fund and support the establishment of HIV/AIDS counselling centres targeted at itinerant federal workers. This provides an effective avenue for reaching sexually vulnerable staff who are living away from their families.

Given the current and projected levels of HIV infection especially in Sub-Saharan Africa, new approaches and strategies to prevent transmission will be needed. There is also a need to investigate its impact because sexual transmission is still the predominant mode of its spread. Preventing the epidemic's further spread requires fundamental changes in individual and community sexual attitudes and practices.

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List of Tables

Table 1: Reproductive Decision, Sexual behaviour and HIV/AIDS Risk Perception

Statement	Mean
We have sex only when we want to have another child	2.82
Sexual intercourse should be regular with the use of contraceptives especially condoms except we want another child	3.24
Sex is necessary in every marriage	4.06
Couple should make love regularly to prevent unfaithfulness and extramarital affairs	3.92
The use of condoms and other contraceptives in a marital relationship suggest marital mistrust	3.14
To make ends meet, some couples engage in extramarital affairs.	3.94
The first law to marital harmony is sexual compatibility	4.22
Couples have differing sexual interests and should respect them	3.58
Not having adequate emotional support from one's partner could make one to look elsewhere for support	3.82
Jobs that involved transfer away from home make couples vulnerable to HIV/AIDS.	4.02
Most people living with HIV/AIDS contract it sexually	2.94
Only promiscuous couples contract STD and HIV/AIDS	2.56
Since HIV/AIDS is not contracted through sexual intercourse alone, couple should go for test on regular basis	3.42
Having more than one sexual partner is dangerous	3.74
Every sexually active person should undergo STD test every six months	3.62
Drinking/drugs use exposes one to high-risk behaviours	3.22

Source: Field Survey, 2021

Table 2: HIV/AIDS Risk Perception to Safe Behaviour and Marital Adjustment

Variables	N	X	SD	R	df	Crit. r	P
Marital Adjustment	200	39.7	4.3	.1668	198	.1946	0.05
HIV/AIDS Risk Perception	200	46.2	5.7				

Source: Field Survey, 2021

Table 3: Sex of Subjects and HIV/AIDS Risk Perception

Variables	N	X	SD	R	Df	Crit. t	P
Male	100	45.7	5.1	1.25	198	1.98	0.05
Female	100	46.7	6.2				

Source: Field Survey, 2021

Table 4: Mutual Agreement on Reproductive decision and HIV/AIDS Risk Perception

Variables	N	X	SD	R	Df	Crit. r	P
Risk Perception	100	46.2	5.7	.2177	198	.1946	0.05
Reproductive decision	100	15.6	3.6				

Source: Field Survey, 2021

Table 5: Religion and Marital Adjustment

Variables	N	X	SD	Cal.r	Df	Crit. t	P
Christianity	115	45.8	5.6	.2072	198	.1946	0.05
Islam	85	46.7	5.8				

Source: Field Survey, 2021

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