

HIV/AIDS prevalence among adolescents in Igbo-Eze South Local Government Area, Enugu State, and the need for faith-based interventions

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Abstract

Introduction: This study investigated the prevalence of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) among adolescents in Igbo-Eze South Local Government Area (LGA) of Enugu State, Nigeria. Igbo-Eze South is an area in Enugu State that has received little attention from scholarly community, especially with regards to HIV/AIDS due to its geographical location and spiritual makeup. This study was aiming to defy the odds by exploring the immediate and remote factors, which indicate the commonness of HIV/AIDS among adolescents in the community.

Material and methods: A validated simple random sampling technique was applied since it reduces bias among respondents. 23 families were selected to participate in the study.

Results: Findings revealed that adolescences want to experience sex due to peer pressure, they perceive unprotected sex as more entertaining, and an increased number of homosexuals and lesbians are the factors indicating the prevalence of HIV/AIDS among adolescents in Igbo-Eze South LGA. Results further showed that there are adverse effects of HIV/AIDS on adolescents' futures and well-being, including an increased number of dropouts from school, social isolation as a result of stigmatization, psychological challenges, such as depression and low self-esteem, and susceptibility for contacting other chronic infections. This study showed that there is lack of discipline in faith-based interventions.

Conclusions: Just like the biblical aphorism in Lamentation 1:12, where Jeremiah cried "Is it nothing to you", this research explored that the increasing HIV/AIDS rate among Igbo-Eze South adolescents means nothing to faith-based organizations. Also, recommendations were discussed.

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Key words: AIDS, HIV, Igbo-Eze, adolescents, depression, sex, Nigeria, Enugu State.

Introduction

Adolescences are most affected by the increasing level of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) in Igbo-Eze South Local Govern-

ment Area of Enugu State, Nigeria. Adequate attention has not been given to the issue of HIV/AIDS in Igbo-Eze because this area is considered rural and difficult to reach [1, 2]. This study aimed at bypassing this view by obtaining empiri-

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cal data from adolescents from this area regarding the idea of increasing prevalence of HIV/AIDS among individuals. It is important to understand the concerns of adolescents as they relate to the Igbo-Eze people. The age of adolescence for boys and girls is between 10 and 19 years, and it has been acknowledged as a phase of physical growth and development accompanied by sexual maturation, often leading to intimate relationships [3]. At this stage, boys and girls experience physical, sexual, and psychological changes. According to the World Health Organization [4], these changes affect adolescents' feelings, thinking, decision-making, and interacting with the world around them. This phase establishes patterns of behaviors of individuals, such as physical activity, substance use, and sexual activity. These can protect their health and the health of others, or on the contrary, put their health at risk now and in the future.

HIV/AIDS in adults is not as delicate as HIV/AIDS in adolescents. HIV/AIDS among adolescents of Igbo-Eze South has its source from adolescent sex workers, child trafficking, child labor, migrant populations, childhood sexual abuse, coercive sex with an older person, and immature reproductive tracts as well as psychological vulnerability [2]. Just as in other parts of Nigeria, adolescents with HIV in Igbo-Eze South must often face the complexities of disclosure, HIV transmission, and adverse reactions and adherence to medical regimens. Antiretroviral-based prevention is a critical component of initiatives to end the HIV epidemic globally [4]. An estimated 1.5 million people acquired HIV globally in 2020, far exceeding the UNAIDS 2020 target of 500,000 new infections, highlighting the urging need for effective prevention strategies to slow the spread of HIV and AIDS [4]. Regarding care, HIV-infected adolescent is likely accustomed to depend on his/her parents because achieving a sense of independence can be frightening due to serious health concerns [5]. The rate of HIV/AIDS infection is increasing despite measures taken by state governments and public-spirited individuals and organizations at federal, state, and local levels. The Catholic Caritas Foundation of Nigeria offer antiretroviral therapy (ART) to 10,000 persons living with the AIDS in Enugu State [6]. The government of Enugu State, where Igbo-Eze South is located, has facilitated free of charge consultations and basic laboratory investigations for HIV-infected people in order to guarantee the access to HIV prevention and treatment services [7]. Looking at the data, out of about 10,000 persons living with the virus, less than 2,000 availed themselves of antiretroviral drugs, which are available and affordable. The prevalence of HIV/AIDS in the Southeast, where Enugu state is located, remain high among adults aged between 15 and 64, and the most affected are females in this age range [8]. The current study was carried out to investigate the prevalence of HIV/AIDS among adolescents in Igbo-Eze South LGA. Adolescents are the most exposed group of society due to their vulnerability and an increased desire for sexual activities, which are executed in an un-

safe way, thereby making them more likely to be exposed to contracting the virus.

The aim of this article was to determine the contribution of risk factors to the prevalence of HIV/AIDS. This paper investigated the effect and danger of HIV/AIDS among youths that are vulnerable to the spread of the virus. Furthermore, the possible measures the adolescents and youths of Igbo-Eze South should adopt in order to limit the spread of HIV/AIDS were outlined. The study was based on the leading situation among adolescents in the Igbo-Eze South LGA of Enugu State, and was strictly limited to adolescents in the Igbo-Eze South LGA of Enugu State.

Understanding of HIV/AIDS

The first cases of AIDS were reported in the United States in May 1981, as described by Dr. Michael Gottlieb from the Medical School of Los Angeles. On June 5, 1981, the Center for Disease Control announced the emergence of the disease. According to the report, the first victims were five homosexual men suffering from unusual pneumonia called *Pneumocystis carinii* pneumonia, and Kaposi's sarcoma [9]. In Africa, Uganda was the first country reporting cases of HIV/AIDS in 1982, in Rakai District in a fishing village of Kasensero on shores of the Lake Victoria, and the infected were fishermen and traders, many of whom were alleged to be smugglers trafficking goods between Uganda and Tanzania [10].

In Nigeria, the first case of HIV/AIDS was identified in 1985, and reported at an international conference in 1986 [11]. Also, the first two cases, which were announced by the Federal Ministry of Health, indicated that a sexually active 13-year-old girl and a female commercial sex worker from a neighboring West African country were the prime owners of the disease [12]. Nigeria has the world's second highest burden of HIV/AIDS, with an estimated 3 million people living with HIV (PLHIV) [13]. Approximately, nearly 3,229,757 people live with HIV in Nigeria, about 220,393 new HIV infections occurred in 2013, and 210,031 have died from AIDS-related causes. People practicing low-risk sex are the driving force of the HIV epidemic in Nigeria, while high-risk groups involving female sex workers, men who have sex with men, and injecting drug users, significantly contribute to higher rate of infections [14]. Nigeria, the most populous country in Africa, is the home of the fourth largest HIV epidemic in the world, and one of the highest rates of new HIV infections in Sub-Saharan Africa [15]. The first two AIDS cases in Nigeria were diagnosed in 1985 and reported in 1986 in Lagos; one case was a young 13-years-old female sex worker from one of the West African countries [16]. In Nigeria, HIV/AIDS knowledge (which is a key factor to determine the risk of spread) and certain attitudes towards PLHIV are lacking. This can be an important factor in assessing the progress and outcomes of HIV prevention strategies [17].

Material and methods

Research design

A descriptive survey was applied to determine the prevalence of HIV/AIDS among adolescents in Igbo-Eze South Local Government Area, Enugu State. Descriptive studies are observational studies that describe the patterns of disease occurrence in relation to variables, such as person, place, and time, and are often the first step or initial enquiry into a new topic, event, disease, or condition [18].

Area of study and target population

Target area of the study was the Igbo-Eze South Local Government Area in Enugu State, which is situated in the Southeast of Nigeria. It has its headquarters in Ibagwa-Aka. Target population of this study was adolescents in the Igbo-Eze South Local Government Area. It consists of adolescent girls aged 12-19 and boys aged 14-18 in the community, with a total of 300 individuals according to the Igbo-Eze youth leader.

Sample and sampling technique

A simple validated random sampling technique was applied since it reduces bias among respondents and selection procedure, and should result in representative samples [19]. Twenty-three families were selected to participate in the study.

Data analysis

Data were analyzed using a frequency table and a simple percentage. Scores and responses from participants were analyzed using mean statistics, and 3.00 was the cut-off point adjudged for decision-making.

Results

Findings of the study were groups under sub-topics as seen below.

1. What are the activities among adolescents that most likely influence transmission of HIV/AIDS?

The results in Table 1 show that factors, such as unprotected sex, early sexual debut, young men who have sex with men (MSM), young people who inject drugs, and young women who have sex with women (WSW) often cause transmission of HIV/AIDS among adolescents, with 3.34, 3.30, 3.43, 3.43, and 3.47, respectively. Table 1 also demonstrates that not using condoms, long-term relationships, and young transgender people are the factors that most likely influence transmission of HIV/AIDS, with 2.52, 2.56, and 2.73, respectively. It means that parents should educate their children who attain their puberty age earlier because such factors could lead their children to contracting HIV/AIDS.

2. What are the adverse effects of HIV/AIDS among adolescents?

Table 2 shows that HIV/AIDS can cause the following adverse effects: dropping out of school (3.56), immunocom-

Table 1. Activities among adolescents that most likely influence transmission of HIV/AIDS

S/N	Factor's description	N	SA	A	U	D	SD	X	Answer
1	Unprotected sex	23	7	6	2	4	4	3.34	Agree
2	Early sexual debut	23	5	8	3	3	4	3.30	Agree
3	Not using condoms	23	1	4	6	7	5	2.52	Disagree
4	Long-term relationship	23	2	3	7	5	6	2.56	Disagree
5	Young transgender people	23	3	2	5	9	4	2.73	Disagree
6	Young men who have sex men	23	6	9	0	5	3	3.43	Agree
7	Young people who injects drugs	23	5	10	1	4	3	3.43	Agree
8	Young women who have sex with women (WSW)	23	7	7	3	2	4	3.47	Agree

Table 2. Adverse effects of HIV/AIDS among adolescents

S/N	Factor's description	N	SA	A	U	D	SD	X	Answer
1	Dropout from school	23	7	8	2	3	3	3.56	Agree
2	Social stigmatization	23	2	5	4	8	4	2.69	Disagree
3	Immunocompromising	23	5	12	1	2	3	3.60	Agree
4	Opportunistic infections	23	8	11	1	1	2	3.95	Agree
5	Psychological problems, such as depression	23	10	5	2	4	2	3.73	Agree
6	Antiretroviral effects	23	1	4	3	11	4	2.43	Disagree
7	Chronic infections	23	9	6	2	4	3	3.69	Agree

Table 3. Possible measures to adopt to reduce the spread of HIV/AIDS

S/N	Factor's description	N	SA	A	U	D	SD	X	Answer
1	Less risky sexual behaviors	23	1	0	4	12	6	1.74	Disagree
2	Use of condoms	23	5	13	1	3	1	3.78	Agree
3	Use of sterilized surgical instruments	23	3	2	2	7	9	2.26	Disagree
4	Tested and treated for STDs	23	0	3	3	10	7	2.08	Disagree
5	Blood screening before transfusion	23	6	8	1	4	4	3.34	Agree
6	Public awareness	23	1	1	5	9	7	2.13	Disagree
7	Health education	23	7	12	0	3	1	3.91	Agree
8	Encouragement for monogamous marriage	23	1	2	4	8	8	2.13	Disagree

promising (3.60), opportunistic infections (3.95), psychological problems, such as depression (3.73), and chronic infections (3.69). It means that parents and adolescents should be careful of such effects as lack of sleep, depression, abandonment of education, and opportunistic infections, which could lead to death of their children as a result of HIV/AIDS.

3. What are the possible measures to adopt to reduce the spread of HIV/AIDS infection?

Table 3 demonstrates that factors, such as the use of condoms (3.78), screening of blood before transfusion (3.34), and health education (3.91) should be adopted in order to reduce the spread of HIV/AIDS among adolescents.

Discussion

The findings of the current study reveal that unprotected sex contribute to increasing number of HIV/AIDS cases among adolescents in Igbo-Eze South Local Government Area, Enugu State. Various scholars have revealed that unprotected sexual intercourse among HIV-positive people can adversely affect their own health by increasing their exposure to multiple strains of HIV-1 or other sexually transmitted infections (STIs) [20]. The more exposures people have to unprotected sex, the greater the risk of infections [21]. It was on this basis that Wilton [22] noted that unprotected sex with an HIV-positive person who has acute HIV infection could carry a transmission risk of up to 2% (the equivalent of 1 transmission per 50 exposures) for receptive vaginal sex, and over 20% (the equivalent of 1 transmission per 5 exposures) for receptive anal sex. In a study carried out by Anore *et al.* [23] with respect to HIV/AIDS, the prevalence of unprotected sex was 40.9%. Unprotected sex among females (49.4%) was higher than among males (31.5%). About 50% of unprotected sex was seen in the age group of 15-24 years. They further reported that "people living longer with HIV form a potential source of infection with sexually transmitted infections, including other strains of HIV, and place others at risk of HIV infection unless they practice safer sex".

Findings further show that early sexual experiences and homosexuality cause the increase of HIV/AIDS infections among adolescents in Igbo-Eze, South Africa. This is consistent with the Centers for Disease Control and Preven-

tion [16], reporting that sexual risk behaviors, other STDs, and unintended pregnancy put young people at risk for HIV infection, with 20% of all new HIV diagnoses in 2020 among young people (aged, 13-24 years), more than half of nearly 20 million new STDs reported in 2020 among young people (aged, 15-24 years), and more than 145,000 infants born to adolescent females in 2021. The reason why youths in their early sexual debuts refuse to use condoms is because they may not want their partners to see them as untrustworthy. Negotiation to use condoms is also difficult, since suggesting the use of condoms is often regarded as a sign of mistrust in a sexual relationship [16]. Furthermore, the ability of female adolescents to negotiate the use of condoms is difficult if they receive gifts or money [24]. Other reasons for non-use of condoms among adolescents include dislike of condoms and embarrassment to purchase condoms from adult providers, which stem from disapproving attitudes from health providers [25]. Results further show that homosexuals among adolescents easily contact HIV/AIDS in Igbo-Eze South LGA [26]. This is in line with findings of Zimmerman *et al.* study [27] that Latino gay and bisexual men are the group with the highest risk of HIV infection in the Americas, and the homosexual group has the highest prevalence of AIDS in the United States. Mawar *et al.* [28] reported that HIV/AIDS is often associated with groups, such as intravenous drug users (IDUs) and homosexuals who face a double stigma as a result of the disease. In a society, such as Igbo-Eze South, homosexuals are deemed sexual perverts, and having an HIV/AIDS adds another stigma.

The study further reviewed the fact that HIV/AIDS has adverse effects on the lives of adolescents in Igbo-Eze, some of which include becoming a school dropout, with immunocompromising diseases, opportunistic infections, and psychological problems, such as depression and low self-esteem. This is in line with a research showing that adolescents tend to suffer from a lack of education, and often lose almost all access to basic services. Moreover, they have little access to HIV/STDs information, voluntary counseling and testing, and health services. Corroborating the thesis above, Kinsler [29] showed that some adolescents change and abandon schools, or move to other districts. This was further confirmed by Battles and Wiener [6] who found that social

support was significantly negatively correlated with problem behavior. According to Benson *et al.* [30], HIV/AIDS-positive adolescents are open to opportunistic infections. They found that before the widespread use of primary PCP prophylaxis and effective ART among adolescents with HIV/AIDS, PCP occurred in 70–80% of patients with AIDS, and the course of treating PCP was associated with a mortality of 20–40% in patients with profound immunosuppression. Approximately 90% of cases occurred among patients with CD4+ T lymphocyte counts of < 200/μl. Further results showed that HIV/AIDS patients in Igbo-Eze South suffer from depression, low self-esteem, and other anomalies. This finding was confirmed by Ayano *et al.* [31] that depression is highly prevalent among adolescents living with HIV/AIDS, and the reported prevalence of depression among HIV/AIDS-positive adolescents varies across the studies, from 11.40% to 45.83%. This was also supported by the finding by Yu *et al.* [32] that adolescents living with HIV are prone to depression, which can have damaging effects on disease progression, poor treatment adherence, and mortality.

The need for faith-based interventions

A faith-based organization (FBO) refers to philanthropic organizations or NGOs linked with a religious group or motivated by religious ideas. Faith-based organizations are entities dedicated to specific religious identities, often including a social or moral component [10]. FBOs challenge blurry borders between “humanitarian mission” and “religious missionary” as well as revise dominant secular settings of humanitarian relief. FBOs may focus on issues of morality more than secular organizations, such as role of family life and spiritual basis of the disease [33]. Faith-based organizations provide efficient development services, making health and education centers accessible even to the poor. Faith-based organizations have come under intense criticism due to the models they have adopted in tackling crises [34]. According to Onyishi *et al.* [21], faith-based organizations interventions in Nigeria involve mostly the use of specific spiritual modalities, such as prayers, meditation, voluntary fasting, sacred writing, focusing, journal writing, and rituals. The role of faith-based organizations is significant in providing healthcare and care for people living with HIV/AIDS in Igbo-Eze South, Local Government Area of Enugu State. There are so many FBOs in Enugu, some of which include the Christian Health Association of Nigeria, Rural Health Services, Isaiah 58 Care Foundation, Life Builders Ministries International, and World Renew, etc. Some of these FBOs have been working in the areas of family planning, immunization, nutrition, WASH, overall health system strengthening, and more [21]. The Christian Aid has been working in Nigeria since 2003, and has a reputation as an organization that respects its local partners, delivers quality and cost-effective programs, and is willing to learn from others and share its knowledge with them [35]. The first intervention by FBOs involves the strengthening of community health and HIV response teams through the training

of community healthcare workers. Furthermore, FBOs can employ more healthcare workers with proper training and re-training. These healthcare workers can be moving from school to school, educating adolescents in Igbo-Eze South, and giving them necessary medical and psychological support. Also, faith-based organizations should champion legislation that will prohibit discrimination against adolescents living with HIV/AIDS in Igbo-Eze South in schools, business premises, and in accessibility to jobs. This will help to build their social self-esteem.

Moreover, faith-based organizations could help to reduce HIV-related stigma and discrimination in faith congregations, such as churches and mosques in the Igbo-Eze South LGA of Enugu State. They should also organize seminars and symposiums that encourage adolescents to take HIV/AIDS vaccines. Faith-based organizations should also provide free medical treatment to HIV-infected individuals. Health personnel should educate the community promptly on the safe practice of sexual habits among adolescents and the consequences that follow their negligence. Rehabilitation services should be provided to people living with HIV to help them recover from emotional stress and social stigma [36].

Conclusions

Improving Igbo-Eze South adolescents’ HIV/AIDS preventive self-efficacy could be useful to reduce risky sexual behaviors. The findings of this study may help faith-based communities in their various interventions in Igbo-Eze South. Also, the results of the study can assist faith-based healthcare trainees in understanding factors related to adolescents’ HIV/AIDS-related risky sexual behaviors and their prevention in LGA. The findings from this study showed that poor knowledge, peer pressure, early sexual debuts, and adolescents who inject drugs, all influence the spread of HIV/AIDS among adolescents. The study also revealed that school dropout, social stigma, and always getting sick, are some of the effects of HIV/AIDS in adolescents examined in this study.

Disclosures

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