Alcoholism and the Spread of H.I.V. In Calabar Municipality of Cross River State, Nigeria

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Abstract
This study was aimed at investigating alcoholism and the spread of human immunodeficiency virus (H.I.V.) in Calabar Municipality of Cross River State, Nigeria. To achieve the purpose of this study, one hypothesis was formulated to direct the study. Survey research design was adopted for the study. A sample of one hundred (100) respondents was randomly selected for the study. The selection was done through the stratified and simple random sampling techniques. The questionnaire was the main instrument used for data collection. Pearson product moment correlation analysis was the statistical analysis technique adopted to test the hypothesis under study. The hypothesis was tested at .05 level of significance. The result of the analysis revealed that there is a significant relationship between alcoholism and the spread of H.I.V. in Calabar Municipality. Based on the findings of the study, it was recommended among others that continued education, awareness creation, sensitization and advocacy should be carried out—on the need for decreased alcohol use in people who have H.I.V. or who are at risk of becoming infected—in order to reduce the spread of H.I.V. and other diseases associated with it.

Key Word: Alcoholism, HIV, Calabar and Nigeria.

Introduction
One of the greatest health problems in the world today is the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic. The disease affects every continent on the globe with the largest concentration of patients in the Sub-Saharan Africa (Standing and Kiseka 1989). HIV/AIDS posed a threat for national development because most of the people infected are struck down at the prime of their lives. The problem posed by HIV/AIDS is seen in both formal and informal sector. HIV/AIDS related illnesses continue to reduce capacity and productivity of infected persons. Household incomes are slashed as sickness and deaths affect people’s livelihoods (Padian, 1988).

Globally, the pandemic of HIV/AIDS has continued to constituted serious socio-economic challenges for more than two decades. In other words, one of the greatest health problems in the world today is the HIV/AIDS pandemic. HIV/AIDS has emerged as a global developmental issue because it is halting and reversing decades of progress and systematically permeating the social fabric of communities in the world.
The consequences of the epidemic range from illnesses of various kinds due to opportunistic infections, psychological traumas, stigma and discrimination as well as premature death. The magnitude of the epidemic has placed Nigeria as one of the countries with the highest burden of HIV infection in the world next to India and South Africa (Federal Ministry of Health 2008/2010 National HIV Sero Prevalence Sentinel Survey).

HIV/AIDS has negatively impacted every sector and continuously threatened the national development gains of the past decades. Unarguably, HIV/AIDS remain a leading developmental challenge and a major threat to the general advancement of the nation as it affects life expectancy, fertility rate, and infant mortality among others. HIV/AIDS continue to devastate individuals, families, households, and communities leading to reduced life expectancy and decreased national capacity to achieve the Millennium Development Goals (MDGs). Goal 6 of MDGs seek to combat HIV/AIDS, malaria and other diseases while targeting the reversal and halting the spread of HIV (National Policy on HIV/AIDS, 2009). The epidemic has also facilitated the re-emergence of other disease conditions such as tuberculosis (TB) and other opportunistic infections (UNAIDS, 2010, Morris and Kretschmar, 1997).

HIV/AIDS if not checked would lead to chronic absenteeism, huge medical expenses for care and support of family and friends who are ill with disease. The disease exists in a complex and mutually reinforceable relationship between poverty, gender inequality, discrimination, stigmatization and illiteracy thereby increasing the burden on people infected with HIV. The greatest impact of HIV/AIDS on the family is the generation of spiral levels of social problems including loss of financial status, increasing number of orphans and psychological burdens which are shouldered mainly by women and girls. HIV/AIDS is depleting the country of her food producers and farmers thus weakening agricultural labour force. Reduced labour force result in declining productivity, increasing unemployment and loss of financial status (low income). There is increased vulnerability to other infections like tuberculosis, cancer, pelvic inflammatory disease (PID), cervical ectopy, spontaneous abortions, still birth, infertility, increase maternal and infant mortality and decreased population (NACA, 2010). HIV is straining the currently over-burdened health system, the human and logistic challenge of providing Antiretroviral (ARV) services.

Parker (2001) defined social problems as controversial, shared problems on which reasonable people have differing positions but must nevertheless reach a decision that will be binding on all. Mezieobi (1993) states that social problems are prevailing problems, needs, events, happenings whose consequences directly or indirectly affect a majority of people in a polity or community or a geographical area to such an extent that relief over the consequences of the problem are systematically sought at best by collective action, not privately or individually. He went on to say that such problems are at the same controversial in the sense of arousing divergent opinions and recommendations.

The spread of HIV in Nigeria fits the definition of social problems given above. In her GLOBAL AIDS RESPONSE Country Progress Report of 2012, National Agency for the Control of AIDS (NACA) stated that nearly 3.5 million Nigerians live with HIV, a prevalence rate of 4.1 percent. It added that 217,148 people die from AIDS annually and that nearly 80% of all HIV transmission occurs through heterosexual contact.

According to UNICEF Nigeria, having multiple sex partners continues to be recognized as a persistent problem driving the epidemic in Nigeria, especially among adolescents and young people. Despite various intervention measures by the federal and state governments, non-governmental organizations, voluntary and social organizations, the number of people living with the virus in Nigeria has continued to increase.

According to a report titled NACA Score Card for 2009-2012 by the Nigeria National Agency for the Control of AIDS (NACA), the number of people living with HIV/AIDS receiving anti-retroviral drugs increased from 230,000 at the end of 2008 to 500,000 at the end of 2011. The various intervention measures aimed at curbing sexual promiscuity seem to have yielded poor result.
According to Wikipedia, the free online dictionary, alcoholism is a term used to mean compulsive and uncontrolled consumption of alcoholic beverages, usually to the detriment of the drinker’s health, personal relationships, and social standing. Alcoholism may be a predisposing factor to heterosexual sex which is responsible for the high rate of H.I.V. infections in Nigeria. In a World Health Organization (W.H.O.) report of 2005, alcohol was seen to encourage the spread of H.I.V. because:

a) People are less likely to adopt safe sex procedure when under the influence of alcohol.
b) The perception that alcohol has a disinhibitory effect propels some individuals to consume alcohol in order for them to engage in behaviors they would not normally participate in.

A study on alcohol and high-risk sexual behavior in Botswana by Weiser, Leiter, Heisler, McFarland, Korte, DeMonner, Tiou, Phaladze, Lacopino and Bangsberg (2006) concluded that alcohol use is associated with multiple risks for HIV transmission among both men and women.

In September 2002 publication on Alcohol and H.I.V./A.I.D.S. by the United States National Institute on Alcohol Abuse and Alcoholism, a history of heavy alcohol use was correlated with a life time tendency toward high-risk sexual behaviors, including multiple sex partners, unprotected intercourse, sex with high risk partners and the exchange of sex for money or drugs. According to the publication, alcohol acts in many ways to foster this association namely:

a) Alcohol can act directly on the brain to reduce inhibitions and diminish risk perception.
b) People who strongly believe that alcohol enhances sexual arousal and performance are more likely to practice risky sex after drinking.
c) Some people deliberately use alcohol during sexual encounters to provide an excuse for socially unacceptable behavior or to reduce their conscious awareness of risk.

In the same vein, Shillington, Cottler, Compton and Spitznagel (1995) found that participants classified as “heavy drinkers” were more likely to report engaging in sexual acts outside of marriage, multiple sex partners in a year, and sex trading (i.e., exchanging sex for money, drugs or lodging) when they were compared to “non-heavy drinkers”.

This study seeks to examine the people living with H.I.V./AIDS (P.L.W.A.) in the study area with a view to establishing what percentage of them (P.L.W.A.) have a history of alcoholism or are presently problem/heavy drinkers of alcohol. The research question developed for the study was: Is there any significant relationship between alcoholism and the spread of H.I.V. in Calabar Municipality? A null hypothesis was developed to guide this study.

Ho: There is no significant relationship between alcoholism and the spread of H.I.V. in Calabar Municipality.

**Methodology**

This research study utilized a correlation method based on correlation coefficient. One hundred participants comprising fifty males and fifty females were sampled from a population of two hundred and sixty people. The participants were people living with H.I.V./AIDS who are registered with the heart-to-heart Clinic of the University of Calabar Teaching Hospital, Calabar in Cross River State of Nigeria. These people formed a support group and met every month. The sampling technique employed was simple random sampling. A questionnaire was developed and administered to the participants. The instrument comprised two sections, A and B. Section A was designed to collect bio-data information. Section B comprised twenty (20) close-ended questions with two options i.e. Yes or No. The questions were designed to discover if the participants had a history of alcoholism or is a problem/heavy drinker of alcohol. Following the completion of the questionnaire in which the participants answered all the questions, the questionnaires were collected and analyzed using Chi Square.
Data Analysis and Result:

In this section the hypothesis is re-stated in the null form, the independent and dependent variables as well as the statistical technique employed to test the hypothesis were identified and presented. The 0.05 level of significance was used for the statistical testing of the hypothesis.

Hypothesis One:

There is no significant relationship between alcoholism and the spread of H.I.V. in Calabar Municipality. The independent variable in this hypothesis is alcoholism; while the dependent variable is spread of H.I.V. Contingency Chi square ($X^2$) was used to test this hypothesis. The result is presented in Table 1.

Table 1: Contingency Chi square ($X^2$) of the influence of alcoholism on the spread of H.I.V. (N=100)

<table>
<thead>
<tr>
<th>Alcoholism</th>
<th>Spread of H.I.V.</th>
<th>TOTAL</th>
<th>Cal $X^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>50 (45)</td>
<td>15 (15)</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>25 (30)</td>
<td>15 (10)</td>
</tr>
<tr>
<td>Total</td>
<td>Yes</td>
<td>75</td>
<td>25</td>
</tr>
</tbody>
</table>

* significant at .05, critical $X^2$=3.84, df=1

The result of analysis as presented in Table 1 reveals that the calculate $X^2$ value of 5.56 is greater than the critical $X^2$ value of 3.84 at .05 level of significance with 1 degree of freedom. The result of the statistical analysis is significant since the calculated value is higher than the critical value. With this result the null hypothesis was rejected. This therefore implies that alcoholism has a significant effect on the spread of H.I.V.

Discussion of Findings

The result of this study revealed that alcoholism has a significant effect on the spread of H.I.V. The finding of this study agrees with that of Shillington, Cottler, Compton and Spitznagel (1995) who found that participants classified as “heavy drinkers” of alcohol were more likely to report engaging in sexual acts outside of marriage, multiple sex partners in a year, and sex trading (i.e., exchanging sex for money, drugs or lodging) when they were compared to “non-heavy drinkers” of alcohol.

In the same vein, Akinsolu (2004) observed that people who abuse alcohol are more likely to engage in behaviors that place them at risk of contacting H.I.V. and that drug abuse and addiction have been linked with HIV/AIDS since the beginning of the epidemic. Although injection drug use is well known in this regard, the role that non-injection drug abuse plays in the spread of HIV is less recognized. This is partly due to the addictive and intoxicating effects of many drugs, which can alter judgment and inhibition and lead people to engage in impulsive and unsafe behaviors. Drug and alcohol intoxication affect judgment and can lead to unsafe sexual practices, which put people at risk of getting HIV or transmitting it to someone else.
In their study of alcohol and high-risk sexual behavior in Botswana, Weiser, Leiter, Heisler, McFarland, Korte, DeMonner, Tlou, Phaladze, Iacopino and Bansberg (2006) concluded that alcohol use is associated with multiple risks for H.I.V. transmission among both men and women. The influence of alcohol on the spread of H.I.V. has both direct and the indirect dimensions. The indirect dimension includes the cultural believe attached to the consumption of alcohol as well as the fact that bars and other places where alcohol beverages are sold act as venues for negotiation of illicit sex.

**Recommendations**

Based on the findings of the study the following recommendations were made:

1. Family Life Education should be taught both at home, schools by parents and teachers of Primary, Secondary, and Tertiary Institutions.
2. Continued education, awareness creation, sensitization and advocacy should be carried out on the need for decreased alcohol use in people who have H.I.V. or who are at risk of becoming infected in order to reduce the spread of H.I.V. and other diseases associated with it.
3. There is need for referral services and linkages for referrals between health care services, religious services and social services.
4. There should be greater involvement of people with HIV and AIDS, this policy will impact to help stem the tides of consumption of alcohol and thus the spread of the disease.
5. Alcohol and other drug abuse treatment should be considered as the primary focus of any HIV prevention and intervention program. There is need to pay more attention now to preventing and treating non-injectable drug use including alcohol, which can interfere with these efforts, impairing people’s judgment and making them less likely to use protection during sex. Preventing and treating alcohol abuse can reduce the incidence of alcohol-induced high-risk sexual behaviors and subsequently reduce HIV transmission.
6. Alcoholism prevention among youth is of particular importance. AIDS is a leading cause of death among people ages 15 to 24. Therefore, HIV prevention programs for youth should target alcohol consumption in addition to injection drug use and sexual risk reduction.
7. Primary medical care should be linked with treatment for abuse of alcohol and other drugs as well as HIV risk-reduction education.
8. Since research findings clearly show that the use of alcohol and other substances of abuse is a factor in the spread of HIV and can complicate the long-term health outcomes of HIV-positive individuals, it is therefore important that health care providers screen their HIV patients for alcohol use problems and that patients being treated for alcohol and other substance use be screened for HIV infection.
9. Alcohol use disorders treatment centers should be established throughout the country in order to help people who abuse alcohol.
10. Behavioral interventions for HIV prevention should discuss the link between drug use and HIV/STD by addressing the high-risk sexual behaviors which are consequences of drug use, most commonly alcohol consumption.
11. Action is required at both individual and community level for effective behavior change.

**As individuals:**

- Children should not drink.
- Adults should drink responsibly (in moderation).
- Adults should be a good role model.
- Alcoholics should seek help to quit.
As community:

- Youth activities should be monitored.
- Access to alcohol should be reduced.
- Environments should be created that empower young people not to drink.
- Youth and adults should be educated about the risks of alcohol abuse.
- Alcohol policies should be implemented and enforced.

Conclusion

The focus of this paper was on investigating alcoholism and the spread of human immunodeficiency virus (H.I.V.) in Calabar Municipality of Cross River State, Nigeria. The result of this study revealed that there is a significant relationship between alcoholism and the spread of H.I.V. in Calabar Municipality. To this end, it was recommended that reduction in the abuse of alcohol should be part of H.I.V./AIDS prevention measures and program. It was also recommended that those living with H.I.V. should be diagnosed and treated of alcohol use disorders.

References


Wikipedia, the free online dictionary.