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PERCEPTION AND AWARENESS OF HIV/AIDS AMONG WOMEN FARMERS IN EBONYI STATE NIGERIA: NEED FOR COUNSELLING AND VOLUNTARY TESTING

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ABSTRACT: *Perception and level of awareness of HIV/AIDs among women farmers in Ebonyi State, Nigeria was studied. The study employed purposive and multi-stage random sampling techniques in the selection of 120 rural women farmers. Primary data were collected using a well-structured questionnaire and interview schedule. These were analyzed with descriptive and inferential statistics. The result of data analysis showed that majority 38.33 percent of the women farmers fall within age bracket of 26-35 years; their farming experience ranged 5-10 years with 36.67 percent; while their farm size ranged between 1.1-1.5 hectares. Majority 60.82 percent of the women were married and completed primary education with 38.33 percent. Majority 41.67 percent of the farmers live with between 4-6 persons in their household and earned between ₦80, 000-₦100, 000 per annum. About 66.66 percent of the women belonged to 3-4 social organizations. Major sources of information on HIV/AIDs prevention to the rural women were: Ebonyi State Ministry of Health (2.90), religious institutions (3.12), social organizations (2.84), radio (3.67) and Ebonyi State Action Committee on Aids (EBOSACA) (3.66) among others Further analysis indicates that majority 100 percent of the respondents' perceived that an HIV victim can live long on a special type of drug and hygienic condition (100 percent), HIV/AIDs is a viral disease (91.67 percent) while 85 percent perceived that HIV/AIDs exist and has no cure. All the women in the study area had knowledge of measures of HIV prevention such as total abstinence from sex, having one sex partner and screening of blood before transfusion. Majority 81.67 and 76.67 percent of the respondents were willing to be tested and would recommend it to their friends and family members. It was concluded that though the general level of awareness about HIV/AIDs was high, the perceptions of the respondents were faulty in some cases because of some misconception about causes and therapy to the disease. Necessary recommendations such as intensified awareness creation by the NGOs and concerned agencies, provision of infrastructures as well as education of farmers were made among others.*

KEYWORDS: HIV/AIDs, Perception, Awareness, Women Farmers, Voluntary Counseling and Testing, Ebonyi State, Nigeria.

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INTRODUCTION

Acquired Immuno Deficiency Syndrome (AIDS) is a viral disease caused by Human Immuno Deficiency Virus (HIV), usually found in the body fluids like blood, semen, virginal fluid and breast milk infected persons. The virus can be transferred from one infected person to another mostly through sexual intercourse and sharing of unsterilized instruments like blades, knives and syringe among others which had been used by the infected persons.

Since HIV/AIDS was discovered in 1981, its destructive and disruptive influence as a pandemic has been highlighted by various researchers. Its impact has been particularly severe on the economics of the developing world and on the marginalized population in industrialized countries (UNDP, 2004).It has been established that the worst-hit region of the world is sub-Saharan Africa where HIV/AIDs is the leading cause of death with 25 million people infected (UNAIDS, 2006:13). However, Stokes (2003) observed that because most of the hardest hit countries are still overwhelmingly in rural areas, the epidemic represents an enormous threat to rural and agricultural development.

In Nigeria, the first diagnosed case of HIV/AIDS was in 1986 and ever since then, its prevalence has risen from 0 to 1.8 percent by 1991, 3.8 percent in 1993, 4.5 percent in 1996 and by 2001, the prevalence has risen to 5.8 percent (FGN, 2004). The result of 2003 sentinel survey revealed that the national prevalence has declined from 5.8 percent in 2001 to 5.0 percent in 2003 and 4.4 percent in 2005 (NACA, 2006). Nigeria's national prevalence rate of 5.0 percent or even the 5.0 percent though higher than those of other African countries to the South, Central and East. However, Nigeria's large population of 150 million accord the rate of challenge on reducing the number of infected person as an additional significance. This significance is captured by the total number of people living with HIV/AIDS which has been projected in 2003 at between 3.2 to 3.8 million (FMOH, 2005).

HIV/AIDS has the potential to create severe economic impact in many African countries and it is difficult from most other diseases because it strikes people in the most productive age group and is essentially 100 percent fatal. The effects vary according to the severity of the scourge and the structure of the national economies (Mukurazita, 2007).

The HIV/AIDS pandemic had caused too numerous health care and economic problem in our world. It was in recognition of this great pandemic and in an attempt to address this available increase of HIV/AIDS infection that National AIDS and Sexually Transmitted Disease Control Programme (NASCP) was established in 1988. In line with the foregoing, NARHS (2005) opined that government also supported NASCP by setting up an implementing body known as National Action Committee on AIDs (NACA) and Presidential Committee on AIDs (PCA) in 2001; this gave way for each state to have State Action Committee on Aids (SACA), meant to properly guide and counsel patients and as well make adequate related public enlightenment campaigns.

HIV/AIDs undermines agricultural systems and affects the nutritional situation and food security of most rural farmers who are majorly women since the rural areas have the largest population of HIV/AIDS patients (Slater and Wiggins, 2005). Chukuezi (2002) reflects that with HIV/AIDs and related disease, African potential is reduced. Its human resources are wasted, a complex mix of

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social and political problem are created making life and progress more difficult. This calls for counseling.

Agriculture being the major livelihood activity of sub-Saharan Africans, is under a particularly severe strain as a result of the epidemic. The epidemic had led to further weakening of rural institution in their capacity to deliver extension services and has undermined the effectiveness of natural agricultural policies (Topouzis, 2003; Jayne, Villarel, Pingali and Hemrich 2004).

The deleterious effect of HIV/AIDS according to Barnett and Rugalema (2001) has created or contributed to exorbitant health care cost, labour shortage, a declining asset base, breakdown of social bonds, downgraded crops and led to loss of livestock. This effect has also been connected to some of the cultural practices that are possibly connected with increased virus transmission (female circumcision and infibulations), non-sexual cultural practices that do not fit the age distribution pattern of AIDS, but which may expose individual to HIV because of exposure to blood (example medical bloodletting, ritual and medicinal enemas) and practices involving the use of shared instruments (injection of medicines, ritual scarification, group circumcision, genital tattoing, oral tattoing, other body tattoing, tribal marking and shaving of body hairs with unsterilized blades. Most of these traditional practices are carried out in groups by traditional birth attendants, tattooist and local barbers.

Consequently, there is need for counseling among the women farmers which will not only enhance voluntary testing but also would induce maximal readjustment to realities of life accordingly. Counselling is the wheel upon which guidance programmes revolve. Guidance connotes the principles of guiding, steering, leading, directing, assisting, e.t.c. It is a process and procedure for achieving a helping relationship. Counseling in this context is to effect mutuality, respect and acceptance between the rural farmers and counselors to facilitate growth, change and readjustment programmes in the face of the HIV/AIDs scourge. This is meant to induce maximal functionality as could be possible among the women farmers. The implication of this is that the women will have the prevalence of going for voluntary testing which in turn will not only reduce the incidence of HIV/AIDs scourge but will also increase adjustment programmes and functionality among the women farmers' families.

Unlike many diseases, AIDs affects individuals in their most productive years, with the majority of the infections occurring in people between the age of 20 years and 40 years (Spore, 1997). Stokes (2003) estimated the productive age group at which HIV infections and AIDs death are concentrated to be 15 years to 49 years. Hence, the loss of human capital leads directly to a loss of financial capital. This directly aggravates poverty in the affected households.

The pandemic increases poverty by stripping assets. Assets rundown leaves individuals, families, and communities more exposed to future health and nutritional shocks (Flores, 2001). Wilson (2001) also asserts that loss of income and agricultural labour cause a decrease in household access to nutritious food. To raise cash to pay for healthcare or food, families sell food-producing assets such as chickens or goats. Given its effect on agricultural production and other livelihood strategies, HIV/AIDs can contribute to a reduction of the amount of food available to individuals, households and communities. This may lead to lower food intake, thus reducing both individual nutritional status and household food security (Curry *et al* ., 2006).

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Problem Statement

It is true that several measures have been put in place to curtail the spread of HIV/AIDS in Nigeria. But, contemporary observations show that the scourge has continued unabated. HIV/AIDS pandemic seem to increase every day while development agencies are trying to prevent its further spread and reduction on productive rural women farmers.

There seem to exist dearth of knowledge on the perception and awareness of HIV/AIDS among women farmers in Ebonyi State, Nigeria. Therefore, it becomes necessary to carry out an empirical study of this kind in order to obtain necessary information that would aid agricultural policies formulation. To achieve this, the study sought to provide answers to the following questions: What are the socio-economic characteristics of rural women farmers in Ebonyi State? What are the sources of information on HIV/AIDS? What are the perception and level of awareness of HIV/AIDs among rural women farmers? What is the attitude of women farmers towards voluntary counseling and testing in the study area?

Objectives of the Study

The broad objective of this study is to investigate the perception and awareness of HIV/AIDS among rural women farmers in Ebonyi State, Nigeria. The specific objectives include to:

i. describe the socio-economic characteristics of the women farmers in Ebonyi State;
ii. identify sources of information on HIV/AIDS to the rural women; and
iii. determine the perception and level of awareness of HIV/AIDS among women farmers in the State; and
iv. ascertain women farmers attitude to voluntary counseling and testing.

METHODOLOGY

This study was conducted in Ebonyi State of Nigeria, which lies appropriately on latitude $7^0 3'$N and longitude 5^0 4'E and $6^0 4'$E in the South East geopolitical zone of Nigeria. Purposive and multi-stage random sampling techniques were used to select one hundred and twenty (120) rural women farmers in the following stages: Firstly, purposive selection of two Local Government Areas in each of the three agricultural zones. Secondly, random selection of two autonomous communities from each of the six selected L.G.As. Thirdly, selection of 10 (ten) rural women farmers from each autonomous community to give a total of 120 (one hundred and twenty) respondents who formed the sample size for the study. A well structured questionnaire and interview schedule were used to collect primary data for the study. Only descriptive statistics were employed in data analysis. Objectives 1, III and IV were analyzed using percentages while objectives II was analyzed using mean scores generated from a 4- point likert scale.

Model Specification

Likert Scale Model
Decision point $4+3+2+1 = \frac{1\ 0}{4} = 2.0\ \ 2.5$

ISSN 2054-6351 (print), ISSN 2054-636X (online)

Using 2.5 as the mean decision point, any item that has its mean score less than 2.5 was regarded as a weak factor and rejected; while any one with mean scores of up to 2.5 and above was regarded as strong factor and accepted. In computing the mean score of each item, the frequency was multiplied with its appropriate likert value and the sum deviated weight with the total no of respondents to the items. This was computed with equation below:

$$\overline{X} = \frac{\sum F}{Nr}$$

Where:

$\overline{Xs}$ = Mean Score
$\sum$ = Summation
F = Frequency of the Respondents
N = Likert Value
nr = Number of respondents to the item

RESULTS AND DISCUSSION

The results presentation and discussions were based on the specific objectives of the study.

Socio-economic Characteristics of Rural Women Farmers

Table 1: Percentage Distribution of the Socio-economic Characteristics of the Respondents.

Parameters	Frequency (N=120)	Percentages	Mean
Age			
Less than 26	8	6.67	
26-35	46	38.33	
36-45	27	22.50	
46-55	25	20.83	
56 and above	14	11.67	
Farming Experience			
5-10	44	36.67	
11-15	40	33.33	
16-20	18	15.00	
21-25	6	5.00	
26-30	6	5.00	
Above 31	6	5.00	
Farm size (ha)			
Less than 0.5	17	14.17	
0.6-1	73	60.82	
1.1-1.5	23	19.17	
1.6-2	5	4.17	
Greater than 2	2	1.67	

ISSN 2054-6351 (print), ISSN 2054-636X (online)

Marital status		
Married	91	75.83
Widow	17	14.17
Divorced	8	6.67
Single	4	3.33
Education		
No formal education	21	17.50
FSL	40	38.33
JSSC	25	20.83
SSC/GCE	32	26.67
NCE/Diploma	2	1.67
BSC/BA	0	0.00
Higher Degree	0	0.00
Household size		
1-3	19	15.83
4-6	50	41.67
7-9	45	37.50
10-12	5	4.17
13-15	1	0.83
Above 16	0	0.00
Level of Income (Naira)		
₦10, 000-₦ 20, 000	13	10.83
₦ 30,000-₦ 40,000	14	11.67
₦ 50,000-₦ 70, 000	23	19.17
₦ 80,000—₦ 100,000	47	39.17
Others	23	19.17
Number of Social Organizations		
1-2	29	24.17
3-4	80	66.66
Above 4	11	9.17

Source: Field Survey, 2015.

The socio-economic characteristics of the rural women farmers were considered and presented in Table 1. Result shows that a greater proportion 38.33 percent of the respondents falls within the age range of 26 and 35 years while few 6.67 percent were below 26 years. This implies that most of the women farmers are still within their reproductive and productive age. The result is consistent with Ebewore *et al*. (2013) who reported age range of 30-39 years for yam farmers in their study area.

The result equally revealed that 36.67 percent of the respondents had farming experience of 5-10 years; while few 5 percent had farming experience of between 21-25, 26-30 and above 31 years.

ISSN 2054-6351 (print), ISSN 2054-636X (online)

This shows that most of the rural women farmers are relatively experienced. The number of years a farmer had spent in the farming business may give an indication of the practical knowledge he/she had acquired on how to overcome certain inherent farming problems (Nwaru and Ekumankama, 2002).

The result further revealed that 60.82 percent of the respondents farmed on land size of 0.6-1 ha, while few 1.67 cultivated more than 2 hectares. This implies that most of the rural women are small scale farmers. This conforms to the work of Edeh (2008) who reported an average farm size of 0.91 hectares among rice farmers in Ebonyi State, Nigeria.

Furthermore, the result revealed that 75.83 percent of the respondents were married while few 3.33 percent were single. This shows that most of the women farmers are married. The findings of Oderhohwo (2008), Oladoja, Adedoyin and Adeokun, (2008) contented that marriage is an important factor in the livelihoods of individuals in our society as it is perceived to confer responsibility on individuals.

Further analysis shows that majority 38.33 percent of the women farmers completed primary education; whereas few 1.67 percent had NCE/Diploma. This implies that most of the women are not well-educated. This may influence their access to information about HIV/AIDs. Obasi (2005) reported that the level of educational attainment by a farmer would increase his farm productivity but also enhance his ability to understand and evaluate new production technologies. . Hence, education is very important on the fight against HIV/AIDs because it plays a vital role in facilitating knowledge acquisition and change of attitudes towards HIV/AIDs preventive measures (Nji, 1995). Similarly, Dermott (1991) had noted that education is currently the only weapon the world have against HIV/AIDs.

The household size of majority 41.67 percent ranged between 4-6 persons, while few 0.83 percent live with 13-15 persons in their household. . This implies that the respondents' household size is relatively large. Njoku (1991) asserted households with larger size tend to attach greater importance to food security than those that were in small in size.

It also was observed from the result of data analysis that 39.17 percent of the respondents had annual income range of N 80,000-100,000, while very few 10.83 percent earned between N 10,000-N20,000 per annum . This implies that most of the rural women farmers are low income earners. The result of the annual income indicates that there is a very weak earning power among the respondents. This poses a great threat to acquisition of information on HIV/AIDS in the area.

Finally, it was observed that a greater proportion 66.66 percent of the respondents belonged to 3-4 social organizations, 24.17 percent of the respondents belonged to more than four social organizations. This could be attributed to increased awareness or the importance of belonging to organization where one could get more enlightened on the latest happening in the environment from fellow villagers or some delegated individuals from known information centres.

Sources of Information on HIV/AIDS

There exist various sources of Information on HIV/AIDs in the study area. The result of the analysis is shown in Table 2.

ISSN 2054-6351 (print), ISSN 2054-636X (online)

Table 2: Frequency Distribution of the Respondents According to their Major Sources of Information on HIV/AIDS in the area.

Sources	Mean Score	Decision
Ministry of Agriculture	1.38	Reject
Non-governmental Organization	2.07	Reject
Ministry of Health	2.90	Accept
Religious Institutions	3.12	Accept
Local Government Council	2.43	Reject
Social Organization	2.84	Accept
Ministry of Education	2.74	Accept
Radio	3.67	Accept
Television	2.75	Accept
ADP	1.31	Reject
State Action Committee on AIDs	3.66	Accept
Friends/ Neighbours	3.16	Accept
Health care professionals	2.82	Accept
Peer Groups	2.99	Accept
School Books	2.45	Reject
Not Heard about it	2.14	Reject

Source: Field Survey, 2015.

The result of data analysis in Table 2 reveals that the sources of HIV/AIDs information like State Action Committee on AIDs (SACA) (3.66), Radio (3.67), friends/neighbours (3.16) and religious institution (3.12) among others. Radio (3.67) ranked highest as the major source of HIV/AIDs information in the area. But, Ministry of Agriculture (1.38), NGOs (2.07) and Local Government Councils (2.43) were rejected among others as sources of information on HIV/AIDS in the area.

This result implies that the effort of all the sources accepted are all attempt to reduce HIV/AIDs to its barest minimum in Ebonyi State, Nigeria. However, other sources that rated low mean scores indicates the need for further diversification of sources of information on HIV/AIDs so that rural women farmers can get better and rich information about HIV/AIDs.

Radio was ranked as the greatest source of information among others. This conforms to the work of Udoma (2002) who reports only sources of awareness which ranked radio/television as the highest. Oyeneye and Kawwonise (1993) report the mass media as the main source of knowledge among 92 percent of male and 87 percent of females in Ogun State, Nigeria. This is also consistent with findings from other studies (Anochie and Ikpeme, 2001; Ayankogbe *et al*; 2003; Anahita *et al* ,2004; Oyo-Ita *et al* ,2005). This is important in view of the fact that mass media can reach most people in Nigeria most especially in the rural areas. There is need for more media-driven health education campaigns.

ISSN 2054-6351 (print), ISSN 2054-636X (online)

Perception and Level of Awareness of HIV/AIDS among Women Farmers

The perception and level of awareness of HIV/AIDs among women farmers was ascertained. The result of the analysis is shown in Table 3.

Table 3: Percentage Distribution of Perception of the Respondents According to their Level of Awareness of HIV/AIDS.

Parameters	Frequency	Percentages
HIV/AIDs is a white man's initiative to discourage sex	76	63.33
HIV/AIDs do not exist	8	6.69
It is a divine way to punish promiscuity	89	74.17
HIV/AIDS exist and has no cure	110	91.67
HIV/AIDS is a viral disease	102	85.00
HIV/AIDs victim can live long on a special type of drug and hygienic condition	89	74.17
HIV/AIDs exists only in urban and white man' s area	0	0.00
It can be cured with traditional medication	44	36.67
Healing can come through prayer (miracle) in the church	94	78.33

Source: Field Survey, 2015.

Multiple Responses

The level of awareness of HIV/AIDs among the rural women farmers can contribute generally to the overall output of agricultural production in the study area. The result shows that majority 91.67 percent of the respondents believed that HIV/AIDS exist and has no cure; while few 6.69 percent believed that it does not exist. This implies that most of the rural women farmers are aware of the existence of HIV/AIDS.

Table 4: Percentage Distribution of Awareness about Mode of Spread of HIV/AIDS in the Study Area

Mode of Spread	Frequency	Percentage
Unsafe Sex	103	85.83
Mosquito Bites	30	25.00
Blood Transfusion	98	81.67
Sharing of Needles and blades	100	83.33
Hugging and Kissing	45	37.50
Breast Feeding	33	27.50
Public Toilets	45	37.50
Sharing of eating utensils	41	34.17
Sharing food with HIV patient	56	46.67
Supernatural means	25	20.83
Sharing clothes	45	37.50
Sharing toilets	51	42.50
Sharing food with the infected	33	27.50
Shaking hands	52	43.33
Swimming in the same pool	69	57.50
Total	**826**	

Source: Field Survey, 2015.

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Multiple Responses Recorded

Reasonably, good levels of awareness regarding the modes of transmission of spread of HIV/AIDS such as unsafe sex (85.83 percent), sharing of needles and syringes (83.33 percent), blood transfusion (81.67 percent) among others were shown by the result in Table 4. They also admitted certain misconceptions about the modes of transmission of HIV/ASIDs in the area. These were: mosquito bites (25 percent), hugging and kissing (37.50 percent), sharing food with the infected persons (27.50 percent) among others.

The high level of awareness of HIV/AIDs among the respondents is similar to the findings among secondary school students in Nigeria (Okediji *et al* ., 1989; Fawole et al, 1999; Anochie *et al*, 2001; Ayankogbe *et al*, 2003; Oyo-Ita *et al*, 2005) but contrary to the finding from other developing countries where low awareness of HIV has been documented (Dassire *et al* ., 2003). Udoma (2002) reports 76.7 percent awareness level among Akwa Ibom State students, Fawole *et al* (1999) report 90 percent awareness in Oyo State while Onuigbe and Osafu (1999) reported a knowledge level of 95.2 percent among adolescent girls in Edo State. But, Araoye and Fakeye (1998) reported 90 percent in Oyo State, Nigeria.

HIV/AIDS Preventive Measures

There have evolved various types of preventive measures in the fight against HIV/AIDs. Table 5 shows the analysis of the women's knowledge of these measures.

Table 5: Percentage Distribution of the Women's Knowledge of HIV/AIDs Preventive Measures

Parameters	Frequency	Percentages
Use of condom	42	35.00
Total abstinence from sex	120	100.00
Having one sex partner	120	100.00
Screening of blood before transfusion	120	100.00
Avoid sharing of sharp (piercing) object	120	100.00
Blood Check ups	56	46.67
Needles/Syringe Sterilization	120	100
Avoid commercial sex workers		
Avoid pregnancy	110	91.66
Monogamy		
Not sharing personal instruments such as razor	34	28.33
Avoiding casual sex		
Don't know	87	72.50
	102	85.00
	13	10.00
Total	**1044**	

Source: Field Survey, 2014.

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MULTIPLE RESPONSES

From Table 5 result of data analysis shows that 100 percent of the respondents indicated that total abstinence from sex, having one sex partner, screening of blood before transfusion and avoiding sharing of sharp piercing objects are the best ways to combat HIV/AIDs in the area. However, 35 percent of the respondents believed that condom use can prevent HIV/AIDs infection in the area; while very few 10 percent did not know. The result implies that high proportion of the respondents have sound knowledge of HIV/AIDs preventive measures possibly due to series of enlightenment campaigns on the disease in recent times. The high level of awareness could be due to the additional health information obtained by women from antenatal clinics; which provides an appropriate opportunity for educating women about HIV/AIDs and other health-related issues.

Voluntary Testing and Counseling

It was necessary to ascertain the women farmers' attitude towards voluntary counseling and testing. The result of data analysis is shown in Tables 6 and 7.

Table 6: Percentage Distribution of Knowledge of HIV Status among the women farmers

Do you know your HIV status	Frequency	Percentage
Yes	20	16.67
No	100	83.33
Total	**120**	**100**

Source: Field Survey, 2015.

The result of data analysis in Table 6 shows that majority 83.33 percent of the respondents are not aware of their HIV/AIDS status while few 16.67 percent are aware of it. This shows that most of the women farmers are not aware of their status.

Table 7: Percentage Distribution of Level of Awareness of Voluntary Counseling and Testing in the Study Area

Are you aware of VCT	Frequency	Percentage
Yes	18	15.00
No	102	85.00
Total	**120**	**100**

Source: Field Survey, 2015.

The result of the analysis shows that majority 85 percent are not aware of voluntary testing and counseling; while few 15 percent are aware of it. The low level of awareness of VTC may have negative influence on the women farmers' general knowledge, perception and awareness of HIV/AIDS spread as well as their overall attitude to people living with HIV/AIDS in the area.

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Table 8: Percentage Distribution of Respondents' Attitude towards Voluntary Counseling and Testing

Attitude towards VCT	Frequency	Percentage
Willing to be tested	98	81.67
Would recommend it to friends and relatives	92	76.67
Will go for it if cure exists	56	46.67
Not aware of VCT	23	19.17
Afraid of stigma and discrimination	61	50.83
Fear of the unknown	45	37.50
Marriage disharmony	56	46.67
Has no cure	47	39.17
Fear of death	78	65.00
Just prefer not to do	68	56.67
Undecided	23	19.17
Others specify	16	13.33
Total	**663**	

Source: Field Survey, 2015.

The result of the study shows that majority 81.67 percent and 76. 67 percent of the respondents are willing to be tested in the voluntary counseling and testing and would also recommend it to their friends and family members. But, few 19.17 percent are not aware of voluntary counseling and testing. This implies that intensifying voluntary testing and counseling in the area would invariably enhance the perception and knowledge of the women farmers on HIV/AIDS in the study area.

CONCLUSION AND RECOMMENDATIONS

The study found high level of HIV awareness coupled with a fair level of knowledge of its route of transmission and prevention though misconceptions about means of transmission and preventive measures needs to be addressed urgently. The study has brought into light some of the important issues about perception and awareness of HIV/AIDs among rural women of Ebonyi State. It is therefore concluded that though the general level of awareness about HIV/AIDs was high, perceptions of the respondents were faulty in some cases because of some misconception about causes and therapy to the disease. Because HIV infection is a dynamic process and could change as a function of time, more and more similar studies targeted at general public particularly in rural areas are needed at regular intervals to test the results of the preventive measures and efficacy of the existing policies.

RECOMMENDATIONS

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

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i. There is need to plan and implement new strategies of educating women particularly in rural areas who are at the lower education levels about HIV/AIDs modes of transmission.
ii. There is need to establish HIV Voluntary Counseling and Testing Centres in the rural areas of Ebonyi State.
iii. Attention should be given to better implementation of the existing programs to reduce stigma, and inculcate a more positive attitude to People Living with HIV/AIDS.
iv. Agricultural extension agents should be trained to preach awareness of the disease in rural areas.
v. Government and non-governmental organizations should increase awareness campaign through radio, television jingles and other means of campaigns.

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