RISK PERCEPTION AND MARITAL ADJUSTMENT IN HIV/AIDS AMONG FEDERAL CIVIL SERVANTS

1Igbalajobi A.O.
2Lawal M.O.
3Olorunlana O.
1. Centre for Sustainable Development, University of Ibadan, Nigeria
2. Department of Sociology, Osun State University, Osogbo, Nigeria
3. Department of Sociology and Anthropology, Igbinedion University, Okada, Nigeria

Abstract
This study is about the risk perception and marital adjustment of HIV/AIDS among the federal civil servants in Ibadan. The concern of the study is the sexual behaviour of the federal civil servants in view of the status of HIV/AIDS as the leading cause of death in sub-Saharan Africa. The choice of study population was based on the demand of the jobs among federal civil servants where individuals may be transferred to far distance without his or her family. The accessibility equally informed the conduct of the study in Ibadan, Oyo state capital. Questionnaire was the major source of data gathering in this study. Data collected were analysed using percentage and chi-square while qualitative data were content analysed. Four hypotheses focusing on risk perception, marital adjustment, reproductive decision as well as religion and HIV/AIDS were tested at 0.05 level of significance.

Introduction
The global HIV/AIDS pandemic has reached devastating proportions especially in the sub-Saharan African countries (Alubo 2004). It is estimated that about 60 million children and adults have been infected with HIV/AIDS worldwide since the beginning of the pandemic, of which about 20 million have died (Osasona 2006, Baro 2004). Furthermore, out of every ten HIV-infected people, seven live in sub-Saharan Africa of which Nigeria is a part. Currently AIDS is asserted as the leading cause of death in Sub-Saharan Africa, although rates of prevalence vary widely from one country to the next. The predominant mode of transmission in Africa remains unprotected heterosexual sex, at the same time conditions of extreme poverty in many parts of the continent have favoured the spread of the disease among economically vulnerable populations (Baro 2004).
Biomedical data continue to show the dynamics of the Human Immunodeficiency Virus (HIV) in different parts of Nigeria (Adetoro 2008). Advancement in research has made it clear that social and cultural factors contribute to HIV transmission and control. Studies in the Americas, Asia, Caribbean and Africa especially Cote d’Ivoire, Nigeria, Senegal and Uganda (Ajuwon et al., 1998; Edem and Harvey, 1998; Aggleton and Bertozzi, 1999; Del Prado, 2000) consistently reveal the connection between people’s way of life and the incidence of HIV infections. This is more apparent in developing nations like Nigeria given the low level of education, poverty, lack of information (Orubuloye et al., 1993; Oladejo et al., 1994 and Frohlich, 1999) and other factors inhibiting the acceptance of innovations and change of behaviour (UNESCO/UNAIDS, 2000).

Recent figures from UNAIDS (2005) are overwhelming as they illustrate how HIV/AIDS continues to decimate humanity, with sub-Saharan Africa being the worst hit. UNAIDS estimates for sub-Saharan Africa, which has just over 10 percent of the world’s population, indicate that the continent had more than 60 percent of all the people living with HIV/AIDS, estimated at between 23.4 million and 28.4 million in 2004 (UNAIDS 2004). Similarly the nine countries of the southern Africa region according to Kalipeni and Zulu (2008) constitute only 2 percent of the world population, yet globally 30 percent of people living with HIV/AIDS are concentrated in these countries.

The effect of this on the individuals, families and communities that lies behind these numbers at the micro-level of society is an issue that can never be overemphasized. People fall ill, cannot work, and lose income while their families spend money on care and treatment as well as lose further income while taking time to care for them. People die, specialized workers, skilled artisans and educated officials disappear and replacements are difficult to find, businesses close and farms lie fallow, current earnings are lost and future earnings foregone and time and money spent on funerals and mourning. Women too fall sick and die usually at an age considerably younger than men. Given their reproductive role in the home, in agriculture and in the informal sector of the economy, their land, shelter and inheritance are forced to depend on relatives or migrate to cities, and join underclass of commercial sex workers and street children.

Effects of HIV/AIDS at the home front still need more attention. The reason for this especially in Nigeria is premised on series of studies and findings (Adeokun, 2006; Igbalajobi, 2003; Abidogun, 2001; Orubuloye, 1997, 1996, 1992 and 1991) about prevalence of sexual networking in the countries. These scholars revealed that lots of couple were found engaging in extra-marital relationship as a result of so many factors like inability of one spouse to satisfy his or her partners, inability to meet financial needs at home, breakdown in communication at home, interference of in-laws, or distance problem as a result of working condition which is one of the major extents for most men and women that they need someone to take care of them at their various places or locations in detriment of the irrespective families.

In view of the relevance of family system as the only viable bedrock and hope for the society for the proliferation of the human species, there is dire need for understanding of couple’s risk perception of HIV/AIDS and marital adjustment among Federal Civil Servants in Ibadan, Oyo State. What then is Risk Perception and marital adjustment?

**Marital Adjustment** means calculated attempts to put in order or agreement living conditions or ways of living to ensure an overall feeling in couples of happiness and satisfaction with their marriage and with each other.
Risk Perception; the ability to sense or have the feeling that danger is imminent, for example, sensing that one is likely to contract or have contracted an infection.

Hypotheses generated for meaningful results here include:
1) There is no significant relationship between HIV/ADIS risk perception and marital adjustment among the Federal Civil Servants.

2) Sex of the couples has no significant effect on their HIV/ADIS risk perception

3) Couple HIV/ADIS risk perception will have no significant relationship with mutual agreement on reproductive decision as an adjustment strategy

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

METHODOLOGY
Method of Data Collection: This was primarily through the use of questionnaire. This contained open and close-ended questions.

Study Population, Sample Size and Sampling Technique: The subjects used for this study consisted of 200 hundred adults (100 hundred males and 100 hundred females). The subjects are all married with an average of 5 years. The subjects are all Federal Civil Servants randomly from the Federal Secretariat, Ikoroba, Ibadan, Nigeria. Given the focus of this study, 50 randomly selected declined their participation. As a result, a second random sampling was done to make up for those who declined to participate.

The first step in administering the research instrument was for the researcher to visit the sampled offices to fix appointments for the administration of the Questionnaire. This was in recognition of the very busy schedule of the subjects. On the fixed dates, the researcher went to the offices and the tests were administered on the sampled subjects. It took the subjects an average of two weeks to complete the questionnaires. Every copy of questionnaire administered was duly completed, returned and usable.

The workers of Federal Civil Service (FCS) at the Federal Secretariat, Ibadan were chosen in order to have wider ethnic representation. This is possible in the light of the Federal Character policy put in place for recruitment of workers in the FCS. The policy stipulated that appointment into Civil Service and Political appointment should reflect diverse ethnic composition of the country. This was aimed at ensuring fair representation of the ethnic groups in Nigeria.

Data Analysis: In analyzing the data collected, the t-Test of independent variables and the person product movement correlation were used to test the hypotheses at 0.05 level of significance.

Results
Majority of the respondents were female (58%); males constituted the remaining 42%. The entire respondents were married. This is not surprising since marital status was made one of the main criteria for selection of the study population. Their age ranges were between 31 and 40 years (44%), 41 and 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 Degree, 42% had Bachelor Degree and Higher National Diploma certificate, 16% had National Diploma certificate, 14% had Secondary School certificate while the remaining 10% had professional certificate like Institute Chartered Accountant of Nigeria (ICAN), Association of Nigerian Accountant (ANA), Proficiency certificates in Computer operation and word processing as well as certificates in Typing and Shorthand.

**Marriage and Marital Experience**

Only 19% of the study population had their families 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. Others had between 3 and 5 years experience (10%) and between 5 to 10 years experience (22%) in marriage. Out of this study population, only 5% had been involved in marriage twice.

It was revealed that at one time or the other, they sometimes (58%) had misunderstanding with their spouses. The frequency of such misunderstanding according to other respondents was once in a month (26%), while 16% revealed that it never occurred. Happiness in marriage was not determined by the presence of the children (92%) but the remaining 8% said it was. This however corroborated the position of Azim (2003) that rather than being the determinant of happiness in marriage, the presence of child(ren) in marriage usually serve as succor to the couple. The couple especially the wife most often uses the presence of children to console themselves particularly at the time of misunderstanding. Ajelore (2004) stressed further survival of many marriages among the Yorùbá in Nigeria was largely due to the existence of children. He asserted further that most couple tolerated 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. The implication of this is that people only tolerated one another for as long as God knows when due to the children in the marriage who may be subjected to untoward experience if the marriage is allowed to fail. The reality of this equally manifested in responses of the majority of study population (76%) that they sometimes considered the possibility of divorce, however other respondents (24%) never considered divorce option. It shows that these people considered the idea of divorcing their spouses due to ugly aspects of marriage but jettisoned the idea basically because of the consequences which may not have to do with the future of issues of the marriage.

Marriage to some respondents did not have much impact on the career of most of the respondents (46%). On the other hand, 28% said their job since marriage was much better than before, 16% of them said the job was a little worse than before marriage, while the remaining 10% could not comment on this. Life after office work was a hell of sort to some respondents (6%) hence they never look forward to it. To others, this was an endeavour they always look forward to (34%), frequently looking forward to (52%) and occasionally (12%) looking forward to. Only 18% affirmed that in-laws did interfere on matter concerning their marital lives, while the rest said such a thing was never allowed in their marriage. All of them were very satisfied with the way their spouses handled their children.

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have sex only when we want to have another baby</td>
<td>43%</td>
<td>12%</td>
<td>45%</td>
</tr>
<tr>
<td>Sexual intercourse should be regular with the use of</td>
<td>65%</td>
<td>9%</td>
<td>26%</td>
</tr>
</tbody>
</table>
The respondents were of the view that couples have differing sexual interests which should be respected. They also believed that the first law towards marital harmony is sexual compatibility. Sexual intercourse was seen as an endeavour that should be regular but with the use of contraceptives except when decision is made to make new baby. Some disagreed with the idea that sex should occur only when there is need for new baby. Majority of the respondents saw sex as necessary in marriage. They further asserted that couple 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. Idea that most people living with HIV/AIDS contract it sexually was not accepted by the respondents. However, they revealed that couple should go for HIV/AIDS test on regular basis since the disease is not contracted through sexual intercourse alone. Drinking and taking of drugs was seen as capable of exposing one to high-risk sexual behaviour. At the same time, lack of adequate emotional supports from one’s partners according to the respondents could make one to look elsewhere for support. Having more than one sexual partner was perceived as being dangerous. In similar vein, it was agreed upon that every sexually active person should undergo STD test every six months. Nevertheless, the magnitude of people agreeing to these last two ideas was negligible when compared to those disagreeing. The use of condoms and other contraceptives in a marital relationship suggest marital mistrust. They further agreed that some couples engage in extramarital affairs in order to make ends meet. However, they disagreed with positions that only promiscuous couples

<table>
<thead>
<tr>
<th>Source: Field Survey, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>The respondents were of the view that couples have differing sexual interests which should be respected. They also believed that the first law towards marital harmony is sexual compatibility. Sexual intercourse was seen as an endeavour that should be regular but with the use of contraceptives except when decision is made to make new baby. Some disagreed with the idea that sex should occur only when there is need for new baby. Majority of the respondents saw sex as necessary in marriage. They further asserted that couple should make love regularly to prevent unfaithfulness and extramarital affairs.</td>
</tr>
<tr>
<td>Most people living with HIV/AIDS contract it sexually</td>
</tr>
<tr>
<td>Only promiscuous couples contact STD and HIV/AIDS</td>
</tr>
<tr>
<td>Since HIV/AIDS is not contracted through sexual intercourse alone, couple should go for test on regular basis</td>
</tr>
<tr>
<td>Having more than one sexual partner is dangerous</td>
</tr>
<tr>
<td>Every sexually active person should undergo STD test every six months</td>
</tr>
<tr>
<td>Drinking/drugs use exposes one to high-risk behaviours</td>
</tr>
<tr>
<td>To make ends meet, some couples engage in extramarital affairs.</td>
</tr>
</tbody>
</table>

contraceptives especially condoms except we want another baby

| Sex is necessary in every marriage | 68% | 12% | 20% |
| Couple should make love regularly to prevent unfaithfulness and extramarital affairs | 74% | 11% | 15% |
| The use of condoms and other contraceptives in a marital relationship suggest marital mistrust | 66% | 14% | 20% |
| The first law to marital harmony is sexual compatibility | 62% | 26% | 12% |
| Couples have differing sexual interests and should respect them | 76% | 6% | 18% |
| Not having adequate emotional support from one’s partner could make one to look elsewhere for support | 68% | 14% | 18% |
| Jobs that involved transfer away from home make couples vulnerable to HIV/AIDS. | 18% | 6% | 76% |
| The magnitude of people agreeing to these last two ideas was negligible when compared to those disagreeing. The use of condoms and other contraceptives in a marital relationship suggest marital mistrust. They further agreed that some couples engage in extramarital affairs in order to make ends meet. However, they disagreed with positions that only promiscuous couples |
contracted STD and HIV/AIDS and that most people living with HIV/AIDS contracted it through sexual intercourse.

**Marital Adjustment Mechanism**
Almost every respondents (96%) experienced emotional needs for sex one time or the other. These respondents equally revealed the measures they adopted to manage this situation. The measures include travelling home to meet their spouses (26%), taking to scriptural reading (14%), subjecting oneself to fasting and prayer (16%), the fasting only to take one’s mind away from sex (8%) and taking sleeping tablets (6%). Some respondents (20%) move along with their wives while on transfer. Another interesting aspect of this was those (10%) that said they usually find amenable solution to such problem. The type of solution was not mentioned, however, it is likely to mean reaching out to sexual partners outside the matrimonial homes.

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

**Table 2: HIV/AIDS Risk Perception and Marital Adjustment**

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>X</th>
<th>SD</th>
<th>R</th>
<th>df</th>
<th>Crit. r</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Adjustment</td>
<td>200</td>
<td>39.7</td>
<td>4.3</td>
<td>.1668</td>
<td>198</td>
<td>.1946</td>
<td>.05</td>
</tr>
<tr>
<td>HIV/AIDS Risk Perception</td>
<td>200</td>
<td>46.2</td>
<td>5.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Field Survey, 2011

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/ADIS risk perception

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

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>X</th>
<th>SD</th>
<th>r</th>
<th>Df</th>
<th>Crit. t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>100</td>
<td>45.7</td>
<td>5.1</td>
<td>1.25</td>
<td>198</td>
<td>1.98</td>
<td>.05</td>
</tr>
<tr>
<td>Female</td>
<td>100</td>
<td>46.7</td>
<td>6.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Field Survey, 2011

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/ADIS risk perception will have no significant relationship with mutual agreement on reproductive decision as an adjustment strategy

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

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>X</th>
<th>SD</th>
<th>R</th>
<th>Df</th>
<th>Crit. r</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Perception</td>
<td>100</td>
<td>46.2</td>
<td>5.7</td>
<td>.2177</td>
<td>198</td>
<td>.1946</td>
<td>.05</td>
</tr>
<tr>
<td>Reproductive decision</td>
<td>100</td>
<td>15.6</td>
<td>3.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The above table revealed that calculated ‘r’ (0.2177) is higher than the critical ‘r’. In view of the fact that calculated value is higher than the critical value, the hypothesis stated is hereby rejected. By implication therefore, risk perception will have a significant relationship with mutual agreement on 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

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>X</th>
<th>SD</th>
<th>Cal.r</th>
<th>Df</th>
<th>Crit. t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christianity</td>
<td>115</td>
<td>45.8</td>
<td>5.6</td>
<td>.2072</td>
<td>198</td>
<td>.1946</td>
<td>0.05</td>
</tr>
<tr>
<td>Islam</td>
<td>85</td>
<td>46.7</td>
<td>5.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Field Survey, 2011

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

**Discussions**

In reference to the data obtained for this study, sex was made obvious as necessary in every marriage, though sexual compatibility was asserted as the first law to marital harmony but the need for appreciation of differing individual sexual interests was also emphasized. It was also noted that couples should make love regularly to prevent unfaithfulness and extra marital affairs. Cases were also made for regular sexual intercourse by the couple but with the use of contraceptives like condom 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. In relation to this, it was shown that jobs that involved transfer away from home make couples vulnerable to HIV/AIDS. Alcohol consumption and hard drugs were seen as exposing people to high risk behaviour. There was assertion that most people living with HIV/AIDS contracted it through sexual intercourse. In contrast to this, the view of other people is that contraction of HIV/AIDS is not limited to sexual intercourse and that people should go for test on regular basis. Others believed that only promiscuous couples contacted STD and HIV/AIDS hence the negative view of the practice of multiple sexual partners.

The above points at respondents’ acceptance of sexual intercourse as a necessity in marriage their perception of HIV/AIDS risk. It is clear that every individual experienced and respond to emotional needs for sex one time or the other. The measures 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 respondents move along with their wives while on transfer. A situation of this is an indication that such wives were not into formal employment. While such movement with wives is taking care of emotional and domestic needs of the husbands, educational pursuits of the children will surely suffer.

**Recommendations**

Given current and projected levels of HIV infection especially in sub-Saharan African, new approaches and strategies to prevent transmission and investigate its impact will be required because sexual transmission is the predominant mode of transmission; preventing the epidemics
further spread requires fundamental changes in individual and community sexual attitude and practices. In view of the foregoing, the following will help in the fight against HIV transmission and management.

1. Special attention must be given to the needs of couples living with HIV both in prevention and are programs. This however implies that we should stop laying emphasis on protection only but at the same time lay emphasis on management became large numbers of couples are already living with the virus. In fact several couples died living the orphans uncared for.

2. Full use must be made of legislation to promote the protection of couples living with the HIV especially in the work place. Most work places have negative attitude towards and stigmatized persons living with HIV and subsequence they lay them off or make the work environment most unfriendly that force such people to drop off. An enabling law will solve this problem.

3. Policy makers must ensure that couples freedom of choice regarding sexual and reproductive health matters is respected. This includes making contraceptive service available and affordable (including emergency contraceptive). Such as forced sterilization or abortion and ensuring that their access to post-abortion where permitted by law is feasible.

4. Owing to the dynamic nature of HIV/AIDS pandemic, religions such as Christianity and Islam in achieving attitudes and behaviour change cannot be overemphasised. Therefore, such religions should rise and embrace the challenge posed by HIV/AIDS pandemic. The religious organizations, more than ever before should be aggressive in the campaigns against HIV/AIDS. The religious organizations to train and re-train religious leaders such as pastors and Imams on the latest facts about HIV/AIDS.

5. Government through its agencies such as NACA, SACA and LACA should fund and support the establishment of HIV/AIDS counselling centres on wards-to-ward basis. This provides affective avenue for reaching the entire populace.

6. Government should fund and support Local research endeavour whose objective is the development of potent vaccines and drugs for the prevention and treatment of HIV/AIDS. With the appropriate funding and motivation, the long expected desired biomedical intervention for HIV/AIDS could come from sub-Saharan Africa.

References


Adetoro, A.A. (2008), “Socio-cultural factors influencing HIV Transmission in Osun State, Nigeria” (PhD thesis submitted to the Department of Sociology, University of Ibadan)


Igbalajobi, O.A. (2003), Effect of Couple’s risk perception on marital adjustment in the context of HIV/AIDS among workers of the Federal Civil Service (A thesis submitted to the Department of Guidance and Counselling, University of Ibadan for the award of Masters in Counselling Psychology)


