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Information Awareness, Sources and Precautionary Measures Adopted by Salonists in Reducing HIV/AIDS Transmission among Customers in Irepodun LGA, Kwara State

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Abstract The paper showed information sources that most provided HIV/AIDS information to 80 salonists in Irepodun Local Government Area of kwara State Nigeria. The study established the level of awareness of various media of HIV/AIDS transmission among salonists, how the salonists' socio-demographic characteristics explained the use of the sources as well as investigate precautionary methods adopted by salonists aimed at reducing transmission of HIV/AIDS among customers. The result showed that friends, radio, television and hospitals were the most frequently used sources. The results also showed that most of the salonists have adopted at least one form of the measures that could reduce the transmission of the disease.

Keywords Information sources, HIV/AIDS, Salonists, Information awareness

1. Introduction

HIV/AIDS constitutes one of the major global catastrophes that pose a threat to human existence. Its spread has continuously been on the increase since it was discovered some years ago. It accounts for most deaths among adults and children alike. Acquired immune deficiency syndrome (AIDS), which is caused by HIV (Human Immunodeficiency Virus), has become a major public health issue for over three decades now in many parts of the world.

On a daily basis, new cases of infection are reported all over the world. Statistics also show that the number of people living with this dreaded disease rose from 8million in 1990 to 33million by the end of 2009. This geometric progression is quite disturbing and calls for urgent attention if the human race is to be sustained. As at 2009, WHO statistics show that 3,300,000 people have been infected with HIV/AIDS in Nigeria. Approximately 4.9 million new HIV infections occurred globally in 2005, of which 3.2 million (65%) were in sub-Saharan Africa. Of the estimated 3.1 million AIDS death in 2005, 2.4 million (77%) were in sub-Saharan Africa (UNAIDS and WHO, 2005). In Nigeria, Alubo (2002) reports that in some tertiary facilities in Nigeria, as many as 10 to 15 persons with full-blown AIDS are admitted weekly, and that the HIV prevalence is up to 30% among some "high-risk" groups.

Various media through which HIV can be contracted abound. The most common and widely known medium of transmission remains through unprotected sexual intercourse with an infected person. However, there are some other obscure media of contracting the disease which are neglected by so many. One of such is through the use of unsterilized sharp objects like needles, manicure sets, razor blades etc. Reports have shown that women have the highest number of cases. One of the avenues through which women easily fall victims of this deadly disease may be through the use of unsterilized sharp objects in the saloon. The paper therefore seeks to investigate level of awareness and precautionary measures adopted by saloonists in reducing the transmission of HIV/AIDS among women.

2. Research Problem and Objectives

The prevalence of HIV/AIDS among women is most disturbing as they represent a major pillar in the recreation process. Increasing cases of new infections especially among women require urgent attention in order to eradicate or at most reduce it to its barest minimum. Most neglected but dangerous avenues through which this disease can be contracted need to be discovered and brought to the fore.

Many studies carried out in the past examined use of HIV/AIDS information sources by adolescents, students,

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librarians (Chinwe, 2008; Nwagwu, 2012; Bankole et al., 2012). However, studies on salonists' HIV/AIDS information sources and awareness are still very scarce. A cursory observation shows that saloonists in Nigeria who are mostly women assume that unprotected sexual intercourse with an infected person is the only means by which HIV/AIDS can be contracted. There is need to establish their level of awareness of various aspects of HIV/AIDS including facts, routes of transmission, diagnosis, symptoms, prevention or precautionary strategies, care and support for them to become active participants in the fight against the disease. However, information sources mostly consulted might influence their level of awareness. Although empirical evidences about factors affecting HIV/AIDS awareness among salonists exist, there is need to establish major information sources that influence the level of its awareness especially among salonists in Nigeria. Focusing on few sources that account for much of the information awareness among target audiences will reduce cost. Relevant organizations and institutions can invest selectively on the information sources that have greater potentials to inform audiences and result to a more focused action on the control of the disease.

Also, most of the studies used frequency distributions to identify the most popular sources, but they did not examine the factors explaining the use of the sources as well as establish whether there existed parsimonious few sources that explained much of the information source use. This study therefore sought to investigate level of information awareness and information sources adopted by salonists in reducing HIV/AIDS transmission among their customers in Irepodun LGA, Kwara State. Specifically, the objectives are to:

1. Ascertain the level of awareness of various media of HIV/AIDS transmission among salonists in Irepodun Local Government Area of Kwara State, Nigeria
2. Establish the sources of information through which salonists learn about HIV/AIDS
3. Identify information sources that are mostly used by salonists while seeking for information on HIV/AIDS
4. To show how demographic factors account for the use or non-use of these sources
5. Investigate precautionary methods adopted by the saloonists aimed at reducing transmission of HIV/AIDS among customers

3. Literature Review

HIV/AIDS was first identified among homosexuals in the United States in 1981, although cases of HIV infection have been found in blood samples from the Central African country of Democratic Republic of Congo (DRC) since 1959 (Zhu et al. 1998).

HIV attacks and weakens the immune system, making it vulnerable to myriads of infections. The countries south of the Sahara Desert are the worst hit region in the world, where the adult prevalence of HIV in 2008 was put at 5.2%, and the number of individuals infected with the virus was estimated at 22.4 million (67%), out of a global total of 33.4 million. In 2008, sub-Saharan Africa alone accounted for 1.4 million of the estimated 2 million deaths in the world (70%) from AIDS related diseases. The new infection figure was 1.9 million (70%) cases of the global estimate of 2.7 million and new HIV infections in Sub-Sahara among children was 91% of the global figure. Yet the people in the region accounted for only 10% of the world's population (UNAIDS, 2009).

Ghana News Agency (2010) noted that awareness creation on HIV/AIDS over the years focused mainly on transmission of the virus through sex with little or no attention to other sources of infection. The source further stated that many were aware of sex as a source of contracting HIV/AIDS, but remain ignorant about other behaviours like going to a hairdressing salon where tools are not sterilized, as possible sources of picking up the condition. Furthermore, 5% of all HIV infections according to the source come from sharing of blades, needles, blood transfusion and other skin piercing instruments. It is worthy to note that all the aforementioned instruments are commonly used in the salon. Director of Technical Services of the Ghana Aids Commission as cited in Ghana News Agency (2010) stated that awareness creation over the years focused on transmission of the virus through sex with little or no attention to other sources of infection. He further put the comprehensive knowledge of HIV/AIDS among females in Ghana at 23 per cent. This is quite low and it shows that level of awareness among women is still very low.

Previous studies all over the world have also revealed that women are the worst hit in the HIV/AIDS scourge. In 2009, according to a report by Centers for Disease Control and Prevention there were an estimated 11,200 new HIV infections among women in the United States. The source further claimed that in 2011 women accounted for more than 25% of the estimated 34,247 AIDS diagnosis in the US to date.

Similarly, UNAIDS report of (2010) on the global aids epidemic showed that women in Sub-Saharan Africa constitute the highest number of victims with South Africa having an overwhelming 3,300,000 cases. This is followed by Nigeria with 1,700,000 women being infected as at the end of 2009. The report further stated that at the end of 2009, women accounted for over half of all adults living with HIV/AIDS worldwide. A critical look at these statistics points to the fact that most women may be ignorant of various media of transmission of this incurable and killer disease.

Information awareness programmes for HIV/AIDS make use of different kinds of media to reach out to their target. These include print media – books, posters, pamphlets, handbills; broadcast media – various programmes on radio and TV stations; family – which includes parents, other parent-figures and siblings; friends and peers; colleagues and healthcare professionals. Others are formal and informal education activities, telephone hotlines and the Internet (Ybarra et al. 2006). Researchers in different societies such

as Buseh et al. (2002) in Swaziland; Nwokocha and Nwakoby (2002) in Enugu State, Nigeria; Okonta and Oseji (2006) in Delta State, Nigeria, Nwagwu (2012) in southeastern Nigeria rank broadcast media high in terms of their popularity as sources of HIV/AIDS awareness and related information.

In another study of 540 adolescents in Ekwusigo Local Government Area of Anambra State Nigeria, Nwagwu (2012) showed that handbills, television and friends were the most frequently used sources of HIV/AIDS information for the adolescents. Amsale et al. (2005) defined various parameters for assessing actual sources used, such as perceived credibility of the source, perceived appropriateness of the message, perceived accessibility of the source, perceived timeliness of the information, perceived applicability of the message and preferred source.

4. Methods

4.1. Study Area

The study focused on information awareness and sources mostly used by salonists in Irepodun LGA, Kwara State, while seeking for information on HIV/AIDS and how demographic characteristics account for use or not use of these sources. According to National Population Commission, (2010) the 2006 census put the population of Irepodun LGA at 147, 594. A salonist in this case is a person who cuts or styles hair as an occupation or profession. The study was carried out in a semi-rural community (Irepodun Local Government Area) of Kwara State, Nigeria which is one of the 16 local government areas that make up the state during April to May 2013.

4.2. Sample and Sampling Procedure

The study adopted a cross sectional research design. It was established from the local government headquarters that there were 86 towns and villages in the LGA. There are indications of differences in the socio-economic characteristics of these towns. Considering a strategy to facilitate easy access to the respondents led the researchers to purposively select three large, geographically central and administrative/commercial towns for the LGA: Omu-Aran, Oro and Ajase. The choice of these towns is also sufficiently justified by their location which also accounts for the largest population of the LGA. Furthermore, the size of the selected towns in comparison with others, and their central locations attract salonists across the LGA to setup their businesses within these towns. Lack of statistics/database of salonists in Nigeria might account for absence of data regarding the number of salon/salonists and their location. At the end of the exercise, thirty salonists in Omu-Aran were randomly selected; twenty from Oro and thirty from Ajase. For those that chose to participate, anonymity was ensured by requesting respondents not to write their names on the questionnaire.

4.3. Data Collection

Data were collected from the salonists using a structured questionnaire, administered with the assistance of three trained research assistants who can speak the local dialect. These research assistants read to some that do not understand the questions posed to them. For face validity, the questionnaire was circulated to Medical doctors and public health nursing officer at Landmark University Medical Centre, Omu-Aran for their comment and observations. Their observations were considered in designing the final copy of the questionnaire. A focus group consisting of five salonists from a close by community with similar characteristics in terms of culture, physical development and background were constituted in a session that lasted for about an hour. The participant did not know about the research objectives and were excluded from the survey.

4.4. Study Variables

The independent variables were related to socio-demographic characteristics in the study: (gender, age, marital status, work experience, level of education, mother's level of education, and father's level of education). The information sources group formed the dependent variables. They comprise the following variables: broadcast and print media (television, radio, newspapers, magazines, posters, handbills, textbook, billboards, Internet), interpersonal channel (teacher, medical personnel, parents, families, friends and Chief), formal health institutions (Hospitals, Health Centers and private Clinics) and informal institutions (Faith/Spiritual homes, herbalist, Chemist Shop, local herb hawker, drug hawkers, village and professional association). HIV/AIDS information sources in this study refer to the four groups of sources mentioned.

4.5. Data Analysis

Data about socio-demographic characteristics, precautionary measures taken to reduce transmission of HIV/AIDS and information sources as well as respondents' level of awareness of HIV/AIDS infection were described. Principal component factor analysis was used to 'extract' 25 sources of information that absorbed the effects of all other sources. Usually factor analysis would establish the contribution of each of the sources and then identify the most influential factors, thus reducing the total number of variables to a parsimonious few. These few factors or components would explain the most significant proportion of the total variance contributed by the 25 sources. Finally, binary logistic regression analysis was used to establish how socio-demographic variables explained adolescents' use or non-use of the 'extracted' information sources leading to more meaningful patterns of interrelationships among the observed variables. The analysis was carried out using Statistical Package for Social Scientists (SPSS).

5. Results

Table 1. Characteristics of Respondents

Variable	Parameters	Frequency	Percentage
Gender	Male	40	54.1
	Female	34	45.9
Age	No response	3	4.1
	<18years	10	13.5
	19-24years	20	27.0
	25-30years	25	33.8
	31-36years	11	14.9
	>36years	5	6.8
Community	Omu-Aran	29	39.2
	Oro	17	23.0
	Ajase	28	37.8
Status	No response	11	14.9
	Professional	50	67.6
	Apprentice	13	17.6
Marital status	No response	3	4.1
	Married	32	43.2
	Single	37	50.0
	Divorced	1	1.4
	Separated	1	1.4
Highest academic qualification	No response	1	1.4
	None	3	4.1
	First school leaving certificate	14	18.9
	S.S.C.E.	32	43.2
	OND/NCE	17	23.0
	HND/Bachelor degree	7	9.5
Religion	No response	5	6.8
	Islam	30	40.5
	Pentecostal	16	21.6
	Catholic	7	9.5
	Protestant	14	18.9
	Others	2	2.7
Highest educational status of father	No response	2	2.7
	None	17	23.0
	Primary	9	12.2
	Secondary	21	28.4
	College of Education/Polytechnic	16	21.6
	University	9	12.2
Highest educational status of mother	No response	3	4.1
	None	23	31.1
	Primary	17	23.0
	Secondary	16	21.6
	College of Education/Polytechnic	10	13.5
	University	5	6.8

5.1. Demographic Characteristics of the Respondents

A total of 74 salonists responded to the questionnaire; 6 copies of questionnaire were unusable because of either incompleteness of responses, illegible or unintelligible responses. Table 1 shows that males accounted for 54.1% of the respondents; salonists in the age group of 25-30years were the largest in number (33.8%) and most of the salonists were professionals (67.6%). Most of the salonists were single (50.0%, 37) and have basic education (62.1%, 46). Secondary school level was the highest reported educational level of the fathers (28.4%, 21), with as little as 23.0% (17) reported not having any form of education. Also (31.1%, 21) of their mothers have no form of formal education, basic education was also the highest reported educational status of the mothers (46.6%, 33).

5.2. HIV/AIDS Information Sources Use by the Salonists

Table 2. Sources of HIV/AIDS Information Used

S/N	Source of Information	Frequency	Percentage
1	Television	65	87.8
2	Radio	64	86.5
3	Friends	60	81.1
4	Hospitals	60	81.1
5	Medical personnel	58	78.4
6	Health centres	55	74.3
7	Teacher/Instructor	54	73.0
8	Parents	54	73.0
9	Families	54	73.0
10	Posters	53	71.6
11	Private clinics	52	70.3
12	Billboards	51	68.9
13	Newspaper	47	63.5
14	Chemist shop	46	62.2
15	Internet	44	59.5
16	Village/Professional association meetings	43	58.1
17	Textbook	39	52.7
18	Handbills	37	50.0
19	Magazines	36	48.6
20	Community leaders	32	43.2
21	Spiritual homes	25	33.8
22	Local herbal hawker	22	29.7
23	Herbalist	15	20.3

Table 2 shows the frequency distribution of the sources of HIV/AIDS information, indicating that television has the highest frequency, while herbalist has the least. This conforms with a previous study carried out in the eastern part of Nigeria where television was also the highest ranked source (Nwagwu, 2012). Teachers were a source of information to as much as 73.0% 54) of the respondents most of whom have at least one form of formal education (94.6%)

and would have passed through apprenticeship or still under training. Also, few informal institutions such as Herbalists (20.3%), Local herbal hawkers (29.7%) and Spiritual homes (33.8%) were reported to serve as information sources of HIV/AIDS to few salonists.

5.3. Level of Awareness

Almost every respondent (98.6%, 73) reported to have heard about HIV/AIDS before; most of whom (94.6%, 70) also believe that the disease is real and 70.3% (52) of them receive information about the disease often. There is no consistent pattern in the distribution of the responses on HIV/AIDS awareness in the communities. Forty-seven (63.5%) of the respondents admitted that there is HIV/AIDS awareness, whereas only 48.6% (36) indicated having community HIV/AIDS awareness programme and this resulted to 32.4% (24) of the respondents to be ignorant that it is a Whiteman's disease. About three of every ten respondents (29.7%, 22) believe that HIV/AIDS is curable and about the same proportion 33.8% (25) stated that professional association does not have HIV awareness programme.

5.4. Major HIV/AIDS Information Sources Use by Salonists: A Principal Component Analysis

The sources in Table 2 were reduced using principal component analysis. From the rotated matrix table, the four sources that have the highest eigenvalues presented in Table 3 were friends, radio, television and hospitals. Each had a total eigenvalue higher than 1, and altogether explained 53.09% of the whole variation attributable to the twenty-three sources. The first factor was loaded on friends, which accounted for 18.77% of the total variation, the second factor was loaded on radio which accounted for 17.18%, the third loaded on television, accounted for 9.64%, the fourth was loaded on hospitals, accounting for 7.51%. The other nineteen sources altogether contributed less than 50.00% of the whole variation.

Table 3. Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	7.582	32.966	32.966	7.582	32.966	32.966	4.318	18.773	18.773
2	2.045	8.891	41.857	2.045	8.891	41.857	3.951	17.180	35.953
3	1.654	7.189	49.046	1.654	7.189	49.046	2.216	9.635	45.588
4	1.398	6.079	55.125	1.398	6.079	55.125	1.727	7.507	53.094
5	1.242	5.398	60.523						
6	1.189	5.169	65.692						
7	.962	4.184	69.876						
8	.902	3.923	73.799						
9	.801	3.481	77.280						
10	.702	3.050	80.330						
11	.616	2.677	83.007						
12	.608	2.644	85.651						
13	.511	2.220	87.871						
14	.444	1.929	89.799						
15	.420	1.825	91.624						
16	.362	1.575	93.199						
17	.317	1.379	94.578						
18	.276	1.199	95.777						
19	.256	1.112	96.889						
20	.223	.968	97.857						
21	.201	.873	98.730						
22	.183	.795	99.525						
23	.109	.475	100.000						

As expected, Tables 2 and 3 are similar. The variables that have very low use frequencies (Table 2) also have eigenvalues less than 1 (Table 4). Hence, medical personnel, health centres, teacher/instructor, parents, families, posters, private clinics, billboards, newspaper, chemist shop, internet, village/professional association meetings, textbook, handbills, magazines, community leaders, spiritual homes, local herbal hawker and herbalist seem to play insignificant roles in informing salonists in these communities about HIV/AIDS.

5.5. Relationship between Use or Non Use of Friends, Radio, Television, Hospitals and Demographic Characteristics of Respondents

The study examined how the Demographic Characteristics of Respondents explained the saloonists' use or non-use of the four sources namely friends, radio, television, hospitals using binary logistic regression.

5.5.1. Friends

As much as 60 (81.1%) reported friends as sources of HIV/AIDS information while only 14 (18.9%) reported otherwise. Table 4 summarizes the roles of the parameters. It shows that age of the respondents is a significant predictor of use of friends. Being educated (primary, secondary and tertiary), as well as mothers having tertiary education are significant predictors of friends as a source of HIV/AIDS information to the salonists, with reference to respondents having no education, and mothers having no education respectively.

Furthermore, Table 4 reveals that knowing the age of respondents increases the chances that use of friends for HIV/AIDS information can be predicted correctly by about 63%. Also, predicting use of friends correctly also increases by 67%, 47% and 75% chances if it is known that the respondent has at least primary, secondary or tertiary education respectively. With reference to those mothers with no education, knowing that mothers have tertiary educational status will improve any prediction about use of friends by over 94%.

5.5.2. Radio

For radio, 10 (13.5%) respondents reported not using the source while 64 (86.5%) did. Table 5 shows that with reference to no education, being educated (primary, secondary and tertiary), is a significant predictor of use of radio. In comparison with mothers having no education at all, mothers having secondary education are positive and significant factors.

Expatiating on the result in Table 5, Compared with respondents who reported

having no education, knowing that a respondent has at least primary, secondary or tertiary education will 61%, 83% and 36% of the time respectively, help to understand whether the respondents would use radio or otherwise. With regards to parental factors, when mother's level of education is known to be secondary education, then there is a 40% chance of correctly predicting that the respondent would use radio compared with mother's education being none.

5.5.3. Television

65(87.8%) of the respondents reported getting HIV/AIDS information from television while 9(12.2%) did not. Table 6 shows how the variables performed in predicting the use or non-use of television. Mothers having secondary and tertiary education positively and significantly predicted using televisions as sources of HIV/AIDS information in relation to parents being uneducated, just like respondents with either primary or tertiary education.

Table 4. Logistic Regression Analysis of Demographics on Use or Not Use of Friends

Demographics	β	S.E.	Wald	Sig.	Exp (β)
Age of respondents	0.490	0.265	3.416	0.065	1.632
Gender	0.924	0.616	2.250	0.134	2.520
Marital status(Reference category = single)					
Married	-0.758	0.631	1.443	0.230	0.469
Status (Reference category = Apprentice)					
Professional	0.492	1.128	0.191	0.662	1.636
Highest academic qualification (Reference category = no education)					
Primary	1.540	0.636	5.863	0.015	1.667
Secondary	1.386	0.423	10.762	0.001	1.471
Tertiary	1.749	0.542	10.426	0.001	5.750
Fathers education (Reference category = no education)					
Primary	-0.288	1.024	0.079	0.779	0.750
Secondary	-0.847	0.787	1.160	0.282	0.429
Tertiary	1.638	1.203	1.854	0.173	5.143
Mothers education (Reference category = no education)					
Primary	0.457	0.932	0.240	0.624	1.579
Secondary	1.455	0.297	24.041	0.356	4.286
Tertiary	1.081	1.172	0.850	0.005	2.947

Table 5. Logistic Regression Analysis of Demographics on Use or Not Use of Radio

Demographics	β	S.E.	Wald	Sig.	Exp (β)
Age of respondents	1.077	1.095	0.966	0.326	2.935
Gender	1.162	0.735	2.501	0.114	3.198
Marital status(Reference category = single)					
Married	-0.170	0.684	0.062	0.804	0.844
Status (Reference category = Apprentice)					
Professional	0.288	1.143	0.063	0.801	1.333
Highest academic qualification (Reference category = no education)					
Primary	2.773	1.031	7.235	0.007	1.611
Secondary	1.576	0.448	12.341	0.010	4.833
Tertiary	2.079	0.612	11.531	0.001	0.356
Fathers education (Reference category = no education)					
Primary	-1.322	1.033	1.638	0.201	0.267
Secondary	0.981	1.271	0.595	0.440	2.667
Tertiary	-0.022	0.972	0.001	0.982	0.978
Mothers education (Reference category = no education)					
Primary	0.118	0.975	0.015	0.904	1.125
Secondary	1.856	0.340	29.802	0.000	6.400
Tertiary	-0.511	0.894	0.326	0.568	0.600

Table 6. Logistic Regression Analysis of Demographics on Use or Not Use of Television

Demographics	β	S.E.	Wald	Sig.	Exp (β)
Age of respondents	0.318	0.302	1.105	0.293	1.374
Gender	0.972	0.750	1.678	0.195	2.643
Marital status(Reference category = single)					
Married	-0.961	0.754	1.628	0.202	0.382
Status (Reference category = Apprentice)					
Professional	-0.693	1.267	0.300	0.584	0.500
Highest academic qualification (Reference category = no education)					
Primary	2.015	0.753	7.164	0.007	7.500
Secondary	0.114	0.341	0.112	0.738	1.121
Tertiary	2.526	0.735	11.814	0.001	1.500
Fathers education (Reference category = no education)					
Primary	-1.322	1.033	1.638	0.201	0.267
Secondary	0.236	1.058	0.050	0.823	1.267
Tertiary	1.163	1.268	0.841	0.359	3.200
Mothers education (Reference category = no education)					
Primary	0.457	0.932	0.240	0.624	1.579
Secondary	1.977	0.356	30.904	0.000	7.222
Tertiary	1.081	1.172	0.850	0.005	2.947

With reference to no education having primary and tertiary education increases by 50% each the chances of rightly predicting that the respondent will use television. Furthermore, with reference to uneducated mothers, knowing that the mothers of the respondents have either secondary or tertiary education increases by 22% and 95% respectively chances of correctly predicting that television will be a veritable information source.

5.5.4. Hospitals

60 (81.1%) reported hospitals as sources of HIV/AIDS information. Table 7 summarizes the roles of the parameters in the process. It shows that parents (fathers and mothers) having tertiary education are significant predictors of hospitals as a source of HIV/AIDS information to the saloonists, with reference to parents having no education. Also, with reference to no education, being educated (primary and tertiary), is a significant predictor of use of hospital.

As shown in Table 7, comparing respondents who reported having no education, knowing that a respondent has either primary or tertiary education will 50% and 51% of the time respectively, help us understand whether the respondents would use hospital or otherwise. With regards to

parental factors, when father's and mother's level of education is known to be tertiary education, then there is a 67% and 22% respectively chance of correctly predicting that the respondent would use hospital compared with parents' education being none.

5.6. What are the Precautionary Measures adopted in Reducing Transmission of HIV/AIDS?

On the precautionary measures that could be adopted in reducing the transmission of HIV/AIDS (Table 8), most of the salonists (62, 83.8%) do sterilize all needles/blade after each use, Sterilize barbing kits (61, 82.4%), and encourage customers to bring their clippers (59, 79.7%). The respondents also recognized regular HIV/AIDS test to know their status (50, 67.6%) and ensuring that no piercing of any sort occurs (57, 77.0%). Only (47, 63.5%) of the respondents insisted that each customer purchases a set of needle for fixing their hair. Other responses are also presented in table 8.

6. Discussion

The need to increase awareness of HIV/AIDS has led government agencies and other non-governmental organizations that are responsible for the control of the disease to deploy various information sources to inform, educate and enlighten people. This has resulted to more information sources than necessary, while some sources might be used heavily, others might be mere waste of scarce resources. This study was designed to ascertain the level of awareness of media of HIV/AIDS transmission among salonists as well as establish major information sources that provide HIV/AIDS information mostly to salonists in a semi-rural community in north central Nigeria. The study also investigated how demographic characteristics of the salonists accounted for the use of these major information sources as well as precautionary measures adopted in reducing the transmission of the disease from one customer to another and from salonists to customers or vice-versa.

Table 7. Logistic Regression Analysis of Demographics on Use or Not Use of Hospitals

Demographics	β	S.E.	Wald	Sig.	Exp (β)
Age of respondents	0.421	0.260	2.621	0.105	1.524
Gender	-0.521	0.615	0.719	0.397	0.594
Marital status(Reference category = single)					
Married	-0.182	0.599	0.093	0.761	0.833
Status (Reference category = Apprentice)					
Professional	-1.047	0.972	1.159	0.282	0.351
Highest academic qualification (Reference category = no education)					
Primary	2.015	0.753	7.164	0.007	7.500
Secondary	0.916	0.374	5.997	0.014	2.500
Tertiary	2.526	0.735	11.814	0.001	2.510
Fathers education (Reference category = no education)					
Primary	0.377	0.962	0.154	0.695	1.458
Secondary	0.916	0.820	1.249	0.264	2.500
Tertiary	1.299	0.376	11.938	0.001	3.667
Mothers education (Reference category = no education)					
Primary	0.137	0.743	0.034	0.854	1.147
Secondary	0.165	0.233	0.499	0.480	1.179
Tertiary	1.170	0.382	9.403	0.002	3.222

Table 8. Precautionary Measures in Reducing Transmission of HIV/AIDS

HIV/AIDS Precautionary Measures Adopted	Responses			
	Frequency (Yes)	%	Frequency (No)	%
Sterilizing all needles/blade after each use	62	83.8	12	16.2
Insisting that each customer purchases a set of needle for fixing their hair	47	63.5	27	36.5
Sterilizing barbing kits	61	82.4	13	17.6
Encouraging customers to bring their clippers	59	79.7	15	20.3
Disposing of sharp objects immediately after each use	53	71.6	21	28.4
Regular HIV/AIDS test to know my status	50	67.6	24	32.4
Ensuring that no piercing of any sort occurs	57	77.0	17	23.0

The study showed that almost all respondents have heard about the disease before and most of them believe that the disease is real. They have also received information about it often and are aware of modes of transmission among salonists and customers, through unprotected sex with infected persons, sharing unsterilized sharp objects like needles, sharing barbing kits with infected people, through blood transfusion and used needles/blades by infected person

Factor analysis was used to reduce the twenty-three sources to four, namely friends, radio, television and hospitals. It shows that in Irepodun LGA of Kwara State, Nigeria, the awareness level of the salonists about HIV/AIDS could be significantly achieved if only friends, radio, television and hospitals were adopted as strategies. This observation was earlier highlighted by Nwagwu (2007) who argued that although it is good to adopt multiple information strategies in HIV/AIDS awareness campaign, many resources could be saved if a few sources that account for much of the knowledge and awareness among a people were adopted as strategies.

Apart from the discovery of radio and hospitals, the significance of friends and television in this study to a great extent corroborates many other previous studies like (Uwakwe et al., 1998; Nwagwu, 2012) who focused on students and adolescents respectively. However, all the sources reviewed were analyzed mainly using frequency distribution as well as the adoption of advanced analytical methods in this study probably makes the finding of radio and hospital very significant.

In a study in Nigeria Nwagwu, (2012) found television as very important sources of HIV/AIDS information. Amsale et al. (2005) in Ethiopia showed that television was ranked first in terms of their popularity as sources of HIV/AIDS and related information. Also, radio and television was also seen in all stylist shops when administering questionnaire. The emergence of friends, radio and hospitals here as other major sources of HIV/AIDS information could be explained as follows. First, friends are the most common informal information source, a crucial component of relatively young adult behavior of which most of the respondents fall into this age group, is that they often prefer information sources that are at their command and control– they could easily find around them particularly at their own convenient, private time and will.

Regarding how demographic characteristics explain use of friends, this study shows that younger salonists who are more likely to be educated might be learning about HIV/AIDS through friends more than they did from other sources. The same is the case with salonists whose mothers have tertiary education. Further studies are required to understand why friends appear to serve the younger salonists better than they did the older ones as well as why level of education explains use of friends. Regarding the relationship with education of mothers, we might surmise that educated mothers might provide more conducive home conditions or expose their children to environments that foster interpersonal relationship with others, who probably have some information about HIV/AIDS. Brieger et al. (2001) have earlier shown that friends were one of the preferred sources of HIV/AIDS in their interviews analyses of adolescents from both baseline and follow-up studies in Nigeria and Ghana. Furthermore, Nwagwu (2007) showed the significant role of friends and relations in HIV/AIDS awareness in selected rural communities in Nigeria.

For television, salonists who are educated (primary and tertiary education), and whose mothers had secondary and tertiary education significantly benefited from television as a source of HIV/AIDS information. Educated parents are more likely to afford televisions and are also most likely to watch televisions or even watch television with them, thereby inculcating television viewing in their children. Television is an engaging multimedia electronic device to communicate information which experts have suggested as powerful in information communication.

The result of this study further shows that salonists who have at least one form of formal education and whose mothers have secondary education also benefited from HIV/AIDS information passed through radio. It has been identified in previous studies in Nigeria as the leading HIV/AIDS information sources among students (Moronokola, 2006), teachers (Bankole and Mabekoje 2008) and librarians (Bankole, Oshinaike and Banwo 2012). Radio appears to be ubiquitous sources of HIV/AIDS information; cursory observation shows that most of the salonists have radio in their salon to entertain their customers while offering them service.

For hospitals, it shows that salonists who are educated (primary and tertiary education) and whose parents (fathers and mothers) have tertiary education are more likely to use hospitals as HIV/AIDS information source. Umeh *et al*. (2008) reported that health talk/seminar is the most common information source among health care professionals in Nigeria.

Finally, the study investigated precautionary measures that could be adopted in reducing the transmission of HIV/AIDS. The results showed that most of the salonists have adopted at least one form of the measures that could reduce the transmission of the disease ranging from sterilization of needles/blades and barbing kits after each use, encouraging customers to bring their clippers /purchase a set of needle for fixing their hair, ensuring that no piercing of any sort occurs as well as regular HIV/AIDS test to know their status.

7. Conclusions

The paper examined information awareness, sources and precautionary measures adopted by salonists in Irepodun Local Government Area of Kwara State aimed at reducing the rate of transmission of HIV/AIDS.

The result of this study revealed that more efficient HIV/AIDS awareness and education among salonists in Irepodun LGA, Kwara State could be achieved if emphasis is placed on friends through peer education and hospitals via

health talk/seminar. Also, to ensure mass spread, television and radio should be adopted in addition. By these means, the cost incurred in HIV/AIDS awareness programmes while using various ineffective means other than the few revealed by this study, could be reduced tremendously while achieving a better awareness level. However, this research is subject to the following limitations. First, because only salonists from one Nigerian LGA were sampled, the study may have limited generalization to other geographical regions, ethnic groups, and cultures. The outcome of this study may be considered too narrow informing a national policy, particularly in Nigeria that is a multi-cultural country. Again, the participation in this study was strictly voluntary and there was no follow- up when a questionnaire was not returned. Hence, there is need to explain factors responsible for the pattern of use of these information sources in future studies and also consider a wider area; this is necessary to distinguish the deployment of friends through peer education, mass media (television and radio) as well as hospitals as a strategy for HIV/AIDS information awareness strategies and to establish the kind of television programmes that promote awareness of the disease that could form a national policy.

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