



ISSN: 2231-3354
Received: 05-07-2011
Revised on: 13-07-2011
Accepted: 19-07-2011

Start-off HIV/AIDS clinic situation and patients' socio-demographic data in a northern Nigerian hospital

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ABSTRACT

The aim of this study was to determine the HIV/AIDS clinic situation and patients' socio-demographic data at start-off in a northern Nigerian hospital. Data was collected from clinic records and patients' folders covering the period between September 2004 and August 2005 and analysed with SPSS. Thirty-four clinics were held for 497 registered persons who made 2,047 attendances. The patients were attended to by 5 doctors, 2 counsellors, 4 pharmacists, 2 nurses and 2 laboratory scientists. Clinics held which hit the 100% weekly mark by June 2005, have since become twice a week. Most of the patient population were female (58.6%), and married (73.5%). The vast majority were in their work-productive years – 20s (23.4%), 30s (41.9%) and 40s (26.2%), although more than half (53.7%) were unemployed. The patients were equally distributed between the two predominant religions – Christianity and Islam. That most of the patients were Hausa by tribe, from Kaduna State in the North-West Geo-political Zone, and resident in Zaria was adjudged to be incidental and due to the location of the hospital. Availability of antiretroviral drugs and regular holding of clinics is very crucial in the management of HIV/AIDS patients, hence current trend of 100% clinics held in addition to free drugs should be continued for effective management.

Key words: HIV/AIDS, Clinic situation, Socio-demographic data, Nigeria.

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INTRODUCTION

HIV/AIDS is a disease which has attained pandemic proportions in many parts of the world, particularly Africa (Luboobi and Mugisha, 2005), Nigeria inclusive. In 2007, UNAIDS/WHO (2004) reported that more than 25 million people around the world have died of HIV/AIDS and AIDS related-diseases and 2.5 million people were newly infected (UNAIDS/WHO, 2004). Many of those affected are youth at their prime and most productive ages, diminishing skilled manpower in already impoverished countries (Mugenyi, 2002). Women are believed to be more susceptible to HIV/AIDS than men (Chamberlin, 2001). The disease has increased among the poorest social groups and also people with less educational qualifications (Griep et al., 1999). The current decade has witnessed a widespread setting up of HIV/AIDS clinics where screening, treatment and counseling are offered. Many of these services are not optimally utilized due in part to poor adherence and resistance (Zappa, 1999) as well as lack of baseline data regarding clinic facilities, staffing and patients. The aim of this study was to determine the HIV/AIDS clinic situation and patients' socio-demographic data at start-off in Ahmadu Bello University Teaching Hospital, Shika-Zaria (ABUTHZ), as a prelude to its periodic monitoring which is important in optimal management of HIV/AIDS patients.

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MATERIALS AND METHODS

A retrospective method of data collection was employed to generate data covering the period between September 2004 and August 2005 (being the first active year of the HIV/AIDS clinic). Prior to data collection, permission were sought from the ethical committee of the hospital. The main data collection instrument used was a form completed from official records at the clinic record office and folders of all patients who attended the clinic during its start off years. Basic information which included patients' sex, age at first registration, occupation, residence, state, religion, tribe as well as the clinic attendances were collected. Data collected were subjected to appropriate statistical analysis using computerized Statistical Package for Social Scientist (SPSS) version 11.

RESULTS

Clinics Held and Patients' Attendance

Based on a weekly clinic (on Thursdays), a total of 52 clinics should have been held between September 2004 and August 2005, out of which 34 (65.38%) were held. While 0% clinic was recorded for February 2005, 100% clinics were achieved from June 2005 (Table 1). Four hundred and ninety seven (497) persons were registered at the HIV/AIDS clinic, with total patient attendance of 2,047 from September 2004 to August 2005 giving an average of 60.2 patients per clinic.

Table 1 HIV/AIDS Clinics Held and Patients' Attendances from September 2004 to August 2005

Month/Year	No. of Clinics		Patients' Attendances	
	Expected	Held (%)	Total/ Month	Average/ Week
September 2004	5	1 (20)	31	31.0
October	4	4 (100)	155	38.8
November	4	3 (75)	169	56.3
December	5	3 (60)	270	90.0
January 2005	4	2 (50)	166	83.0
February	4	0 (0)	0	0.0
March	5	2 (40)	217	108.5
April	4	3 (75)	219	73.0
May	4	3 (75)	171	57.0
June	5	5 (100)	243	48.6
July	4	4 (100)	198	49.5
August	4	4 (100)	208	52.0
Summary	52	34 (65.38)	2,047	60.2

Patients' Socio-demographic Data

There were more female HIV/AIDS patients (58.6%) than males (36.2%). The patients were predominantly in their thirties (41.9%), out of which the females were mostly in their early thirties i.e. 30-34 years (27.8%) while the males were mostly in their late thirties i.e. 35-39 years (24.4%) (Table 2). A substantial proportion of the patients (26.2%) were in their forties. About

three-quarter of the patients (73.5%) were married as against 15.5% who were single (Table 3). More than half of the patients (53.7%) were unemployed (Table 4). The patients were found to be mostly resident in Zaria (41.7%), Hausa by tribe (38.0%), from Kaduna State (58.2%) in the North West geo-political zone of Nigeria (69.0%), presumably because of the study location.

DISCUSSION

Between September 2004 and August 2005, the HIV/AIDS clinic recorded 34 full-fledged clinics, 2,047 attendances by 497 patients and a weekly / clinic average of 60.2 patients (Table 1). In the four months from November 2004 to February 2005, there was a steady decline of full-fledged clinics held with patients attending, from 75% through 60% and 50% to 0%. This decline was due to absence of eight consecutive clinics from 20th January to 10th March 2005 as a result of unavailability of antiretroviral (ARV) drugs. Clinic attendance picked up again and rose steadily from March to August 2005 and has remained 100% and is expected to continue as a result of regular supply of ARV drugs during these periods. Availability of ARV drugs and regular holding of clinics is very crucial in the management of HIV/AIDS and 100% clinic held should be continued.

The HIV/AIDS clinic was run by a total of 14 care professionals as follows: doctors (5), counselors (2, including one doctor), pharmacists (4), nurses (2) and laboratory scientists (2). However, not all the care professionals were on duty at every clinic. For example, on each clinic day, there were two to three doctors, one pharmacist, one nurse, one counselor and one laboratory scientist attending to these patients. This limited number of staff (6-7) is grossly inadequate to attend to 60 patients. In such situations, patients waste so much time waiting to see their doctors, collect their drugs and frequently there was not enough time for individualized counseling. Clinics held which hit the 100% weekly mark by June 2005, have since become twice a week (about 104 clinics annually). The numbers of registered patients and professional care providers have also grown, in addition to a constant supply of free drugs.

Majority of the HIV/AIDS patients at ABUTHZ were females (58.6%) while male represented only 36.2%. Chamberlin (2001) had reported that in most societies, the incidence of HIV infection in women was higher than in men and this may be so because the female reproductive tract can easily be infected by HIV and other sexually transmitted diseases (STDs) (Chamberlin, 2001). He also showed that two or more out of every five pregnant women attending antenatal clinics in urban areas were HIV infected. UNAIDS (2004a) had also reported that there were 13 HIV positive women for every 10 HIV positive men (UNAIDS, 2004a). The present data therefore is in line with what has been reported in the literature. High incidence of HIV/AIDS among women in Nigeria may be due to their low status and lack of access to education, certain social and cultural practices such as polygamous marriage practices and female circumcision (Pennington, 2006). These increase female vulnerability to HIV

infection. This may partly be because of large number of female sex workers who hardly use condom because of lack of knowledge about HIV transmission and poor acceptance by male clients (Pennington, 2006).

Most HIV/AIDS patients in ABUTHZ (41.9%) were in their 30s, although females tended to be younger; i.e. 27.8% were between 30-34 years compared to male, of which 24.4% were between 35-39 years (Table 2).

Table 2 Age Distributions of HIV/AIDS Patients at Registration Disaggregated by Sex

Age (years)	Male	Female	Total
	No. (%)	No. (%)	No. (%)
10-14	2 (1.1)	0 (0)	2 (0.4)
15-19	1 (0.6)	3 (1.0)	4 (0.9)
20-24	3 (1.7)	30 (10.3)	33 (7.0)
25-29	10 (5.6)	67 (23.0)	77 (16.4)
30-34	29 (16.1)	81 (27.8)	110 (23.4)
35-39	44 (24.4)	43 (14.8)	87 (18.5)
40-44	36 (20.0)	34 (11.7)	70 (14.9)
45-49	33 (18.3)	20 (6.9)	53 (11.3)
50-54	7 (3.9)	6 (2.1)	13 (2.8)
55-59	10 (5.6)	4 (1.4)	14 (3.0)
60-64	3 (1.7)	2 (0.7)	5 (1.1)
Unknown	2 (1.1)	1 (0.3)	3 (0.6)
Total	180 (100)	291 (100.0)	471* (100.0)

* 26 of the patients did not have their sex indicated and hence were excluded from this table.

Other studies had similarly indicated that the highest prevalence rates of HIV/AIDS were discovered for ages 30-34 years in 1999, in North West and North East parts of Nigeria. More recently, in a situation assessment of HIV/AIDS in Ahmadu Bello University in North West Nigeria, Adamu (2006) in an unpublished project report, showed that the average age for HIV-positive persons was 36.24 ± 0.83 years and that male HIV-positive persons were older than the corresponding females among all categories of HIV-positive persons; students, staff and others. More than three-quarter of the patients (81.1%) in the present study were between the ages of 15 and 44 years while 98.2% were between 15 and 59 years showing that the majority of patients were among the productive class of the society, 60 years being the retirement age in Nigeria. This is in agreement with many published works (ILO, 2000; Chamberlin, 2001; Taylor, 2002; UNAIDS/WHO, 2004). At the end of 1999, there were 890,000 people within the 15-49 years age bracket living with HIV/AIDS in North America [Chamberlin, 2001]. A study carried out in Uganda also showed that nearly 80% of those infected with HIV were between the ages of 15-45 years, a most economically productive age group and often fenders of families (UAC, 2003). Important sex differences were observed across age groups of the patients. Female patients generally tended to be younger i.e. the younger age brackets had higher percentages for female while the older age brackets had higher percentages for male (Table 2). Thus below 25

years of age, male and female were 3.4% and 11.3% respectively, while above 44 years the corresponding values were 29.5% and 11.1%.

Table 3 shows that 73.5% of the patients were married, 15.5% were single, while 5.5% were widowed. This result is not surprising as majority of the patients were in their thirties, at which age many were expected to be married. This result is similar to the work of Gwarzo 2001, who reported that there were more married people than singles among HIV/AIDS patients in Nigeria (Gwarzo, 2001). In addition, polygamy can be a contributory factor to the high incidence of HIV/AIDS among the married people especially in the northern part of the country where this research was conducted. If any member of polygamous circuit especially the man is HIV-positive, he is likely to transmit the virus to all his wives through sex (Chamberlin, 2001).

Table 3 Marital Status of HIV/AIDS Patients Disaggregated by Sex with Reference to Total Patient Population.

Marital Status	Male	Female	Total
	No.	No.	No. (%)
Married	141 ^a	205 ^a	346(73.5)
Single	29	44	73 (15.5)
Widow	0	26	26 (5.5)
Others	10	16	26 (5.5)
Total	180	291	471* (100.0)

* 26 of the patients did not have their sex indicated and hence were excluded from this table. ^a P < 0.05 (Chi square test)

Disaggregated by sex, 59.2% of those married were female (representing a statistically significant difference from male at $p < 0.05$), which was simply a reflection of the fact that there were more female HIV/AIDS patients (58.6%) than male (36.2%). Table 3 on the other hand revealed little or no sex difference among the singles.

The result of this work showed that 53.7% of the total patients were not employed; majority of which were housewives (42.7%), while students/pupils (8.5%) and applicants (2.2%), made up the balance. Among the employed category were the government-employed (25.8%) and the self-employed (17.7%). The high proportion of the unemployed category, specifically the housewives, may be a reflection of the fact that many of the patients were females and in this part of the country, women may not be eligible or allowed to work. Furthermore, Luboobi and Mugisha (2005) had reported that many girls go to town to look for jobs but failing to obtain them eventually venture into sex work (Luboobi and Mugisha, 2005). The high rate of unemployment in the present study is in line with earlier data showing that HIV/AIDS affects the poor most severely and forces poor families deeper into poverty while also condemning households that were relatively wealthy to similar fates (UNAIDS, 2004).

HIV/AIDS affects millions of people worldwide and many of these infected people do not receive proper care due to lack of resources. Therefore availability of ARV drugs and regular holding of clinics is very crucial in the management of these patients, hence current trend of 100% clinic held in addition to free

drugs should be continued for effective management.

ACKNOWLEDGEMENTS

All record officers in HIV clinic that participated in this work are duly acknowledged.

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