

ABSTRACT

Due to the paucity of data on HIV infection among the older persons, the burden of this disease is almost always ignored, thus representing a significant blind spot in the fight against the disease. Individuals 50yrs & above account for 10% of the cumulative HIV infection in the USA, same is unknown for Nigeria. This study therefore intends to elicit required database. Data sources include UNAIDS, DHS, World Population prospects and Cross sectional study. Data therefore are derived from mathematical, demographic projection models and cross-sectional study. Data analyzed using time-series analysis, estimation model, chi-square and logistic regression among others. The study found that 1/3 of a million of older persons representing 2.1% of the total Nigerian population have HIV compared to above 2millions of those aged 15-49 (3.1 % of the population). There is need to integrate the needs of the older persons into responses to the HIV epidemic.

Key words: Incidence; Prevalence; HIV; Infections; Older persons

INTRODUCTION

The HIV infection has generated global attention. However, the focus of such has been on population aged 15-49, being most vulnerable cohort. This has resulted in little or no attention for those above 50 years, thus leading to a total neglect of this perceived less vulnerable cohort. This neglect is capable of affecting negatively global response to the epidemic, for instance, the 2006 report on the epidemic shows that globally about 2.8million older persons were living with HIV in 2005. This is quite alarming especially in this period of global aging. This figure if not captured for intervention, can further make nonsense previous successes in the epidemic. In the United States, about 10 percent of cumulative HIV infection is among the older persons. There is therefore, the urgent need to better understand the incidence, prevalence and impact of HIV epidemic on the socio-economic well being of the older persons. Therefore, what are the impacts of HIV on the older persons? What are the socio-demographic indicators of well being among the older persons? How prevalent is HIV infection among the older persons? What can be done to make life more meaningful for them? These and other questions shall be probed into in the course of this paper.

Theoretical orientation: the use of structural functionalism

The functionalists believe that an identification of functional prerequisites involve an analysis of those actions (HIV neglect), which would lead to the breakdown or termination of society. It went further to assert that a society would cease to exist if its members become extinct, by dying at younger ages. Therefore, for society to survive, it must have some means of improving its life expectancy at birth and maintaining the elderly population. These means are the functional prerequisites of society. Since the older persons are seen as reinforcing the basic values of society and social norms, which derives from these values, structure and direct behaviors in the various institutions of society, it can be seen as an integrating mechanism.

Data and methods

UNAIDS database on HIV infection on the estimated number of people living with the disease as well as the prevalence level for aged 15-49 years. To extrapolate for those aged 50 years and above, the study shall obtain the total population of Nigeria and its age distribution. In this case, the percentage of the total population aged 15-49 years and 50 years and above shall be extracted. This database permits

the calculation of number of people living with HIV infection. Thus subtracting the number from the total number of HIV infected persons who were aged 15 years and above, making an estimate of HIV infected people aged 50 years and above possible. This figure is then divided by total number of people aged 50 years and above in Nigeria to estimate the prevalence of HIV infection among the older persons.

DHS website provides another source of data, using the DHS reports and AIDS indicators survey reports. Relevant data about Nigeria shall be extracted. This survey data is expected to provide the prevalence of HIV infection among a set of interviewees.

Finally, a cross sectional study of HIV-infected individuals aged 50 years and above, attending an outpatient infection and venereal diseases clinic last Tuesday of every month between January and June, 2014. All individuals who had completed an annual standard of care assessment on HIV prevalence and sexual behavior were included. Essentially, baseline socio-economic, demographic, clinical and medication data were collected. For instance, current sexual relationship was dichotomized: sex partner (not in a current sexual relationship) or one or more partners (in a current sexual relationship). Any sexual activity was in the last 3 months. The nature of sexual activity encountered was mainly heterosexual during the last 3 months. The term consistent condom use meant the regular use of condom during vagina or anal sex.

Tentative findings

The pilot study shows that about a third of a million older persons representing 2.1 percent of the total Nigerian population are HIV positive compared to about 2 million of adults aged 15-49 years (3.1 percent of the total population). Further analysis revealed that about 12.5% of all HIV infection in Nigeria occurs among the older persons. Older persons are also less likely to be aware of and knowledgeable about HIV prevention measures than adults aged 15-49 years. Also, older persons were more likely to have 2 or more sexual partners than adults aged 15-49 years, thus dismissing old assertion that old age affect sexual activity especially among older men. The survey data on the other hand shows that the participants were divided into: old persons (50-59); old-old (60-69); older persons

(70-79) and frail elderly (80 years and above). Dichotomous groups were compared using chi-square and Fisher's exact tests while student's t-test and man Whitney U test were used for normally distributed, continuous variables, respectively. In terms of socio-demographic, clinical and laboratory characteristics of 104 individuals who completed the survey. 31(30%), 48(46%) and 25(24%) individuals were old persons, old- old and older persons respectively, with a mean age of 62 years. The poverty level among the older persons is higher than among the adults, thus making them more vulnerable and unable to afford sufficient health services. Improved longevity, evolving societal norms and physiological changes may place older persons at greater risk of HIV. There is indeed evidence of increase prevalence and impacts.

Tentative conclusion

The attainment of menopause, cultural practice of wife inheritance, ritual cleansing increase the incidence and prevalence of the virus among the older persons in Nigeria. Older persons were less likely to have disclosed their HIV infection status. There is therefore the need to integrate the needs of the older persons into responses to the HIV epidemic. Also, HIV health care providers should be more aware of sexual health issues in individuals. There is also the need for interventionist program that would provide necessary knowledge and requisite skills to reduce HIV infection. This study is limited by elements of bias and time.

STIs and Sexual Behavior among the older persons in Nigeria

Abstract

There is paucity of data on sexual behavior among older persons. Though, sexual activity decline with age yet STIs level & sexual contact represent a significant blind spot, as extra-marital sex cut across all ages. 5 LGAs were randomly selected namely: Ikorodu, Epe, Shagamu, Ijebu ode & Ijebu north. The methodology was quantitative in nature. The survey research adopted a multi stage sampling procedure to select the LGAs, EAs, households & 810 respondents above 50 years. Data analysis involves descriptive & logistic regression. The KAP of STIs is higher among women than men. Women than men contract STIs due to the polygynous settings, most STIs contracted prior to old-age, more men than women had multiple sexual partners; had sex in the last 1 year & worried less about STIs. There is need to include 50years & above in research on sexual behavior, such may be determinant of infection intervention successes.

Key words: STIs; Sexual behavior; older persons; Infections; Nigeria

INTRODUCTION

The presumption that STIs and sexual behavior of the older persons is insignificant and minor is no longer tenable. People aged 65 years and above represented 12.4% of the population in the year 2010 but are expected to grow to be 20% of the population by 2030. There is an increasing evidence of risky sexual behavior among the older persons. In fact, approximately 75,270 people older than age 50 years have been diagnosed with AIDS in the USA and account for about 11% of the cases of AIDS. Therefore, database on STIs and sexual behavior focus predominantly on the age group 15-49 years, with obvious implications on STIs intervention. Previous studies opined that there is no dramatic difference in the sexual activity of adults and older persons. This has however been contradicted by recent studies in Southern Africa. In addition, the use of contraceptives is said to be lower among older persons than among the adults, with obvious implications on STIs. The mortality level among older persons who contract STIs can be extremely higher, with 37% of those over the age of 80 years dying within 3 months of diagnosis due to either no or late treatment. Unfortunately, in spite of the fact that the older persons do engage in this risky sexual behavior that put them at risk of STIs, older persons are less likely to perceive themselves at risk and less likely to adopt safer sexual and needle sharing behavior. Condom use is also lowest among them when compared to other age cohorts. In addition, aging is associated with physiological changes, which increase risk for any infection including STIs. Moreover, older persons with STIs are more likely to be diagnosed late in disease, experience progression more quickly and survive for a shorter period than their younger counterparts. Finally, previous studies used indirect estimates of STIs instead of survey.

This study therefore is expected to provide the requisite data base on STIs prevalence, risk behavior and risk perception among the older persons in Nigeria, taking cognizance the shortcomings of previous studies. Therefore, what is the sexual behavior of the older persons? What are the socio-demographic indicators of well being among the older persons? What is the incidence and nature of STIs

among the older persons? What can be done to make life more meaningful for them? These and other questions shall be probed into in the course of this paper.

Theoretical Framework: The Structural-Functionalist Perspective

The basic unit of analysis is society and its various parts are understood primarily in terms of their relationship to the whole. Thus population segments such as the youth, adults and old persons are viewed as parts of the social system rather than as isolated units. In particular, they are understood with reference to the contribution they make to the system as a whole. In the same way, an understanding of any part of society requires an analysis of its relationship to the maintenance of society. Thus from the universal presence of social stratification by age, it is argued that social positions are adequately filled by persons of certain age. From the universality of the family, it is assumed that some mechanism for the production and socialization of new members as well as the maintenance of the existing members including the aged is a functional prerequisite of society.

DATA AND METHODS

A sample of elderly persons was drawn in the following stages: -

Stage 1: Simple random sampling technique was used to select 5 LGAs of Ijebu ethnic group from 11 LGAs in Lagos and Ogun States. The lottery method of simple random sampling technique was employed here. The selected LGAs are: Ikorodu, Epe, Ijebu Ode, Shagamu and Ijebu North. Stage two involved the stratification of each of the five selected LGAs into three clusters based on the

residential patterns that reflect the socio-economic status of the residents. Each of the LGAs was stratified into an elite cluster, a transitional cluster and a traditional cluster. The elite cluster represented areas where only one family is living in a housing unit and the residents were of relative high income and better education. The transitional cluster was where families live in rented apartments. The traditional cluster represented the indigenous areas, where people from the same lineage reside together in a housing unit.

The third stage involved the selection of clusters from the three residential clusters. Lottery method of simple random sampling was employed here. At this stage 30 clusters were selected. The fourth stage was the selection of enumeration areas (EAs) in the selected clusters. EAs in the selected clusters are first listed before the selection of final EAs. The fifth stage was the selection of household from the selected EAs. Household was selected within each EA through household listing until the required sample of 25 households was obtained.

The analysis was carried out using both descriptive and analytical procedures.

Findings

In view of the falling life expectancy at birth among Nigerians, older persons are categorized as 50 years and above. More women are 60-69 years old and more men are 50-59 years old. However, more men than women were currently married. The prevalence of STIs is higher among women than men. However, more men than women were involved in multiple sexual activities with more than one sexual partner. Furthermore, most of the STIs incidence had occurred prior to attainment of old age and remain partially treated. There were however, more sexual activities among those aged 50-59 than those aged 60-69 years; such activity is lowest for women aged 60-69 years than those aged 50-59 years. Thus, women are less likely to have multiple sexual partners than men.

Tentative conclusion

Low risk behavior should be encouraged, such as practicing mutually monogamous relationships and partner reduction and aggressive use of condom (male and female versions). Also, health care providers should focus on early diagnosis of STIs so that appropriate treatment can commence.