ILLITERACY AND VULNERABILITY TO HIV/AIDS: THE CASE OF IGUEBEN WOMEN IN NIGERIA

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Abstract

It is believe that Knowledge is power and if literacy has to do with knowledge, then to be illiterate means one lacks power. Since most women lack reading and writing skills in this area, they are powerless when it comes to accessing written information, and this could make them vulnerable to the spread of HIV/AIDS. In this study, the findings supported the literature that women's vulnerability is strongly influenced and tied to illiteracy. Women's vulnerability to HIV/AIDS is real and needs to be addressed for there to be any positive progress in the fight against HIV/AIDS. If HIV vulnerability (illiteracy) is not acknowledged and fought, women will continue to succumb to the disease overwhelmingly and Igueben will eventually disintegrate as it will be full of sick people intensifying underdevelopment. This study sought to explore the relationship between illiteracy and the spread of HIV/AIDS infection among rural women. Fifteen (15) illiterate women were purposively selected from the area to participate in this explorative study. The research approach was qualitative. The research was undertaken within an interpretavist framework in the sense that it is a communal process, informed by participating illiterate women, and sensitive to the role of context (Alvermann, D.E., & Mallozzi, C.A. 2010). The design type used in this study is a case study. Data was collected by means of interviews. The interview schedule consists of 10 open-ended questions focusing on various aspects of their views on how illiteracy contributes to their vulnerability of HIV/AIDS. The interview was tape recorded and transcribed verbatim, and the analysis was done by means of constant comparative method (Merriam 1998).
Key words: *HIV/ADS, illiteracy, vulnerability, knowledge, women, relationship*.

Introduction

HIV/AIDS was first discovered in humans during the 1980s. It has since then become a nightmare and a pandemic, affecting humans of all races and socio-economic positions, both male and female, throughout the world. This virus, which has no cure, knows no bounds or limits. People who are rich, poor, powerful, powerless, educated, illiterate, rural, urban, ugly or beautiful all can fall prey to this dreadful disease. Both developed and developing countries use every available means to educate their citizens about the virus. The continual spread of HIV/AIDS in Igueben despite the awareness and prevention programs led the researcher to carry out this exploration. That HIV/AIDS is more complex than was initially assumed is no doubt. Levels of literacy and education are critical to determining who can get infected with HIV/AIDS. If, however, one woman has better access to literacy and other educational services than another woman at the same income level, in the same area then the two cannot be said to be equally vulnerable.

The specific objectives of the study were the following:

1. To update and expand our understanding of illiteracy and HIV/AIDS vulnerability in Igueben.

2. To assess the role and impact of basic services and the anti-HIV/AIDS programs of the Government of Igueben in protecting the vulnerable and facilitating improvements in the

education-well-being of the illiterate.

In Igueben communities in Nigeria, for example, because of the high illiteracy levels, the written medium may not be suitable for educating adults about the disease.

The need to educate people (formally, informally or non-formally) about HIV/AIDS in order to stem its tide has become a priority in all countries of the world. The conventional approach of using medical treatment alone has not been able to reduce the spread of HIV/AIDS in the developing world, particularly in Africa. It is for this reason that a multiple approach is needed to tackle the pandemic.

Confirming this view, UNAIDS (2002:33) points out that medical science alone cannot overcome AIDS. Tools to control the spread of HIV and prolong life for people with AIDS do exist, yet, in 2010 UNAIDS estimate d that there are 33.3 million people living with HIV, including 2.5 million children. During 2009 some 2.6 million people became newly infected with the virus and an estimated 1.8 million people died from AIDS. The common tools to control the spread of HIV include the use of condoms, provision of information in newspapers, magazines, advertisements on radio, and posters. These means of educating people may be good but only to those who are literate more than those who are illiterate. In rural Africa, illiterate people constitute the majority of the population and this makes it difficult to access written information. Thus the existing media cannot be effective in combating the AIDS pandemic in rural areas because of the high levels of illiteracy.

AIDS, which was officially recognized as a disease in 1981, is caused by the virus known as HIV. This virus can be spread through blood, semen, breast milk and vaginal secretions. Unprotected sexual intercourse is the most common route of HIV transmission. AIDS can kill because the infected individual's immune system is unable to fight infections (WHO, 2006:23). There are numerous books, articles and pamphlets which explain the nature of HIV and AIDS and also assist in promoting awareness or prevention of HIV/AIDS. These means of education does not however benefit illiterate adults. Irwin, A., Millen, J. and Fallows, D. (2003) for instance argue that prevention efforts are under-funded and seem to rely, in the absence of a vaccine, on barrier methods requiring male consent. In order to fight this pandemic on a global scale, there is a need for a massive international campaign which is able to pressurize political and economic power-holders into taking AIDS seriously, to sustain such commitment until the pandemic is brought under control. Medical and public health communities cannot attempt to lead such a campaign on their own. Nor is it reasonable to expect those who are already gravely ill with the complications resulting from HIV infection to do it alone (Irwin, et al 2003).

AIDS remains complex and incurable, and has devastated individuals, communities and countries (UNAIDS, 2005:5). The rate of new HIV infections continues to climb every year, with an estimated 4.9 million people having been infected in 2004 (UNAIDS, 2005:7). It is for this reason that humankind should fight the pandemic from all angles – classrooms, homes, communities, churches, technological media and discussion forums. The approaches for fighting the spread of the disease must be various and contextualized.

One of the greatest hindrances to a large mobilization against HIV/AIDS is misinformation about the pandemic. To be able to fight the pandemic effectively, people must have sound knowledge about it. Accurate knowledge can make a sense of urgency about global AIDS and enable effective action to be taken. The researcher believes that no single book, material or method can dismantle all the myths and mystifications that surround HIV/AIDS, and this becomes increasingly true as AIDS myth change over time. It is for this reason that other ways must be explore in making the message of AIDS reach all people, no matter where they live or their circumstances. Education is the key.

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Background to the Problem

Nigeria is a large country in West Africa. It has a population of about 140,000,000 (one hundred and forty million) (BBC News, 2006). The population consists of people who are culturally and linguistically diverse. Nigeria is the tenth largest country in Africa (HIV Sentinel Survey, 2003), a democratic federal republic consisting of 36 states with a federal capital territory (FCT). The states and the FCT are organized for political administration and are further divided in to 774 local government areas. The states are been grouped, on the basis of geographical proximity or ethnic homogeneity and other political considerations, into six geo-political zones. The zones differ from each other in terms of size, population, ecological characteristics, language, culture, settlement patterns, economic opportunities and historical background. It is estimated that about 70% of Nigerians are poor, the majority of which are women. The Human Development Report of 2000 ranks Nigeria as the 151st out of 174 countries, and among the 20 poorest countries in the world (HIV Sentinel Survey, 2003).

Nigeria is divided into six geo-political zones: North East, North West, North Central, South West, South East and South- South. Edo State is in the South- South zone –often referred to as the Niger Delta - which comprises six states. According to the 2006 census, the Edo State population was about 3,218,332 million people (National Population Commission of Nigeria). The state is both urban and rural, and the literacy level is below 35%.

In Benin City of Edo State, where the researcher grew up, an HIV/AIDS awareness campaign through the use of teaching aids such as pamphlets, leaflets, newspapers, magazines and the distribution of condoms is a good idea, although it may not have any significant impact on rural communities. This is because the majority of the adults in rural areas cannot read, speak or understand English language – even if it is written in their home language, they cannot read in order to learn about the disease (Goldburg 2004).

The sharing of information about condoms, pamphlets and discussions are the methods most commonly used by awareness campaigns of NGOs and government departments, who have not been able to drive home the message as expected. The written media they employ do not get the message to many adults. Even if one talk with them in their mother tongue, the message may not be taken seriously because they cannot see the extent of the damage the pandemic may do to people. However, if developing their skills and educating them on how to read and write could be used to first catch their attention, as well as interest, then every other approach used will be successful (Goldburg, 2004). It is obvious that when people are educated or literate they tend to be different from those who are not both in attitude, behavior and perception because they gain knowledge and get information.

In the Edo State of Nigeria, the use of media such as written text, in teaching people about HIV/AIDS does not seem to be effective because most of these women cannot read nor write to assess information, and tradition still has a strong hold over people, despite the spread of Christianity. The traditional perception is that HIV/AIDS sufferers are people who are unfaithful to their partners and/or those who have defiled the land or ignored the warnings of the gods. The disease is therefore regarded as a punishment for sin. This is why the campaign against this cultural perception has made it difficult to contain the disease in the Edo State of Nigeria. With this in mind, the use of condoms and pamphlets to make people aware of the disease seems to be a waste of time (Ojieabu et al, 2008). This is why literacy becomes very vital. Adult education which could vividly teach the adult population in the rural communities has not yet been used in the fight against this pandemic in this area.

Problem Statement

In the history of HIV/AIDS and the fight against the disease, there have been quite a number of programmes by various organizations and the organizers responsible for such awareness programmes. Awareness programmes are conducted through the use of different teaching aids, but have still not achieved the desired objectives in the Igueben municipality of Edo State in Nigeria.

Against the above background the researcher became more curious to investigate this apparent paradox – governmental and non-governmental organizations employing various media to inform the people of Edo State about the HIV/AIDS pandemic and yet community members have not changed their behaviour or taken precautions. In considering the above paradox, the researcher wondered whether developing the skill of these women and teaching them how to read and write, cannot be employed in addition to those already existing media. The problem for this study may therefore be expressed as follows: **Is there a relationship between illiteracy and HIV/AIDS in the Igueben area?**

According to the National Strategy for Behaviour Change Interventions and Communications (NSBCC: 2006) for HIV and AIDS, HIV infection is influenced by several factors; like environmental, institutional and personal factors. Patterns of infection and underlying causes are dynamic and complex. The fact that HIV transmission involves sexual intercourse adds yet another layer of complexity in the search for solution. While there is no cure for HIV and AIDS, there are some factors that can be targeted to reduce the risk of infection in this area. This paper tries to look at illiteracy as one of the major factors linked to HIV among women in Igueben. HIV vulnerability is prevalent in cultures and environment where women are illiterate and have little power in the family (Gupta, 2000). EFA Global Monitoring Report 2005 defined illiterates as persons who declare that they cannot read or write a simple statement on their everyday life. The report also added that any person who 'can with understanding both read and write a short simple statement on his everyday life' should be considered literate. According to UNESCO (2005), a functionally illiterate person is one who cannot engage in all those activities in which literacy is required for effective functioning of his group and community and also for enabling him to continue to use reading, writing and calculation for his own and the community's development. That means a literate woman might thus be defined as a person who possesses sufficient knowledge of reading, writing and arithmetic to guarantee an improvement in the quality of her own life and that of her family, and to facilitate her full participation in the development of the group and community. Women of this area were less likely to be literate than the men based on the culture practice here; where the place of women is often seen to be the kitchen. Therefore, educating the girl child who will later become a woman is seen as a waste of time. If literacy is accepted as one of the weapon to fight HIV/AIDS, then to have women who are not literate means they are vulnerable to the pandemic. According to World Bank (2002), Vulnerability implies the susceptibility of individuals, households or communities to the negative impact of events or shocks. Vulnerability can vary geographically, depending on the nature of risks and resources available locally. According to Watts and Bohle (1993:46), "vulnerability is a multi-layered and multi-dimensional social space defined by determinate political, economic and institutional capabilities of people in specific places at specific times." Vulnerability thus implies some form of external dimension that may increasingly predispose people to risk (Chambers 1989).

Illiteracy has been said to play a major role in HIV vulnerability. In sub-Saharan Africa, women are at the bottom in terms of education. Illiteracy and ignorance are two major obstacles in curbing HIV/AIDS (Sesay 2010).

Nigeria has made enormous strides in educating girls. However women are still largely under-represented in education. Statistics indicate that many girls are enrolled to go to school in

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the primary level, but few women seem to enroll at the secondary level. In addition males seem to enroll more than females (King, 1993) in (Sesay 2010). Browne and Barrett (1991) in Sesay (2010) proposed that girls go to school in lesser numbers than boys, although considerable variations exist, making it difficult to generalize rates of participation and educational attainment. There are various explanations for this inequality in school enrollment between boys and girls in Igueben, for one, traditional attitudes place more emphasis on the education of boys, and parents continue to encourage boys to enroll in secondary schools. Secondly, when a family member becomes sick, girls are the first to leave school so that they can take care of the family obligations. In this respect, girls tend to grow up to be illiterate and dependent on men for information. Lack of education for women results in low exposure to HIV/AIDS education messages (NACC, 2002). Women with education are more likely to understand how HIV is transmitted and thus how to protect themselves. Conversely, illiterate women are less likely to have the education and knowledge of the disease, how HIV is transmitted, and how to prevent it. Limited information can be concluded to have a significant contributing factor in the spread of HIV.

When women are less educated, they have less knowledge, and do not possess ways of protecting themselves against AIDS. Education inequality affects women's ability to take informed decisions on risk reduction (Sesay 2010). Thus, low levels of education may be related to higher levels of vulnerability (Fleischman, 2003). If HIV/AIDS is to be reduced in all its varied dimensions, then it is crucial to develop an understanding of how these factors work both individually and in relation to each other. Similarly, if programs are to be effectively designed to promote awareness, prevention and reduce stigma attached to the sufferers of the pandemic, then the processes that cause these women to descend irreversibly into pain and frustration of the pandemic must be better understood.

Theoretical Framework

It is necessary to note here that theories and conceptual models are the primary means of providing a conceptual context of a study. The framework for this study is the Health Belief Model (HBM) even though it is a medical model. The reason was because of its relevancy to the study. It is also because it provides explanation of people's health related behavior. According to Butler (2001:242-253); Glanz, Rimer & Lewis (2002:3-17) and Gao, X, Nay, DP, Rosebluth, SA, Scott, V & Woodward, C. (2000:387), the model is developed to provide a framework to explain why some people take specific actions to avoid illness, while others fail to protect themselves. In line with this, the researcher sees the model as appropriate for health care actions that uses the need to stay away from negative consequences as the main instinct. The use of this model evaluate how HIV/AIDS patients' perceive, understand and beliefs regarding the disease and its prevention programmes provide some reasons influencing the adherence to preventive effort of the spread of the pandemic in Edo State. It is used as major theoretical or organizing framework for explaining and predicting adherence to medical care recommendations and since HIV/AIDS is a medical problem, the researcher found it necessary to apply the model.

Methodology of Research

The choice of method of research depends on the type of information to be collected. In this study, the researcher chooses to use qualitative methods. In essence; the use of the techniques is for the researcher to be able to collect relevant data. From the explanation of Parahoo (2006:59) qualitative research focuses on the experiences of people as well as stressing the dynamism and uniqueness of individuals. Thus the paradigm of qualitative method in a real sense is the research that elicits participants' account of meaning, perception and experience.

The presence of the researcher in the field is an advantage. This is because the researcher's presence in the field makes the findings valid in the sense that he could see their reactions, have one on one discussion with them as well as see their experience. The researcher understands some behaviour by been in the field, he is able to get more detail information due to follow-ups made. The reason for using this kind of method is because it is empirical in nature; that is, the research is based on observation. Another reason was because of the nature of the kind of data needed. These data were in the form of words both structured and unstructured interview.

Ethical and Practical Considerations

For any research findings to be accurate and acceptable, the aspect of reliability and validity need to be examined. According to Babbie and Mouton (2001:121) the researcher must ensure, however, that the questions possess the information the researcher wants to obtain and that they will be willing to answer those questions. It is on this note that the researcher decide to evaluate its instruments.

According to Polite and Beck (2006) it is a code of behaviour considered correct. Ethical considerations are fundamental to the design of any research that involves human being to try and protect the right of the research participants. On these bases the study had to be conducted with fairness (Burns & Grove 2005). During this study, the following ethical issues were observed: informed consent, right to anonymity, beneficence and, respect for persons (Brink 2006:32-35).

The Research Sample

According to Burns & Grove (2005:203) the population is the total group of persons that meets the designated sets of criteria established by the researcher. In this study, the population comprise all adult females in Igueben to which the researcher has reasonable access to in the area. It can also be said to be group of people about whom the researcher wants to draw conclusions (Babbie & Mouton 2001:100). The reason for this is because it is not possible to study all members of the target population; therefore a sample of 15 adult women all from Igueben Local Government Area (L.G.A) was drawn. This number was necessitated due to some logistic problems. Igueben was selected on the ground that the researcher is from the same area from which the sample was drawn. According to Nzeneri (2002:56) an adult is one who is physically and psychologically matured and is socially, economically and politically responsible. The present study utilized only the female data because of the research focus on vulnerability. The average age of respondents was 28 years and the minimum and maximum ages were 18 and 49 respectively. Women are particularly affected by AIDS, given how gender relations intersect with sexual behavior and economic security (Baylies & Bujra, 2000). Further criterion used for the inclusion is that participants must be able and willing to participate in the study and provide voluntary informed consent. All respondents had to be verbally fluent in the medium of communication which is either Ishan or English languages. They should be able to communicate their experiences, feelings, and thoughts in relation to the research phenomenon. However, all the respondents used in this study met these criteria and expressed their wiliness to discuss freely and openly with the researcher.

Data Analysis

Demographical information sought in this section included variables such as age, marital status, educational qualifications, and employment status. The items in this section attempted to obtain personal information about the participants in order to contextualize their

responses. This section shows the results obtained from interviews with the women. A total of ten (10) questions were designed for use in the interview. Each interview section began with instructions; this was also typed and given to each interviewer to sign after being told about the purpose of the exercise. They were asked to feel free to speak their mind. Assuring them that the information they give would be confidential and no names could be mentioned to anyone anywhere. Some of the participants' responses were tape-recorded. This was due to proper English language communication. Qualitative analyses are often used to minimise some of the short-comings normally associated with research. According to Burns and Grove (2006), the purpose of qualitative research approach is to organize the data into a meaningful, individualized interpretation or framework that describe the phenomenon being studied. Based on this, the researcher took time to first read all the transcripts and listened to the audiotapes. Coding was done manually during the reading and rereading of the interview transcripts using highlighted pens with different colours for each category. Each session was tape-recorded though not with all.

Discussion of Qualitative Findings

According to the literature, a number of demographic differences exist among women with regards to vulnerability. Women who are less educated are shown to be more vulnerable to HIV than those with more education (NACC, 2002; World Bank, 2002). Illiterate women are more vulnerable to HIV than educated women. Therefore, it is paramount that studies take into account basic demographic differences in studying the level of vulnerability among women. In this study it was expected that age, education, marital status, and employment were the independent variables that would be related to HIV vulnerability among women. The independent variables are summarized in the tables below.

Table 1. Age category.

	Frequency	Percent	Valid Percent	Cumulative Percent
< 26 years	4	26.7	26.7	26.7
26 – 30	5	33.3	33.3	60.0
31 – 40	4	26.7	26.7	86.7
41+ years	2	13.3	13.3	100.0
Total	15	100.0	100.0	

Age is one of the variables identified in the literature as a factor in HIV vulnerability among females. The literature has widely suggested that illiterate women are more vulnerable to HIV infection because of ignorance, social, cultural, and economic reasons (NACC, 2002). Age was measured in the following increments:

- Less than 26 years
- 26-30
- 31-40
- 41+ years

The demographical data revealed that the respondents' age ranges from 18-49 years old; the age with high HIV prevalence in Nigeria (FMH 2006:24). The significance of this is that the chronological as well as the maturity of the respondents are important factors in determining the adherence to awareness and preventive as well as involvement in the campaign or fight against the pandemic. At this stage, these illiterate adults are sexually active and vulnerable to HIV/AIDS.

Table 2. Marital status of participants.

	Frequency	Percent	Valid Percent	Cumulative Percent
Married	9	60.0	60.0	60.0
Single	4	26.7	26.7	86.7
Single parent	2	13.3	13.3	100.0
Total	15	100.0	100.0	

The literature has suggested that illiterate women are vulnerable to HIV infection due to different reasons (Fleischman, 2003; NACC, 2002). In this study it is expected that there will be differences in HIV vulnerability based on a woman's marital status. The marital status variable comprised of three categories: 1. Married 2. Single 3. Single parent

Table 3. Education level of participants.

	Frequency	Percent	Valid Percent	Cumulative Percent
JSS 2	2	13.3	13.3	13.3
Illiterate	8	53.3	53.3	66.7
Primary school drop out	5	33.3	33.3	100.0
Total	15	100.0	100.0	

The literature suggests that those with higher levels of education tend to be more knowledgeable about HIV transmission and prevention and hence less vulnerable to HIV infection than those with lower levels of education (World Bank, 2002). Education was classified into three categories: 1. Junior Secondary School 2 (JSS2) drop out, 2. No schooling at all 3. Primary school dropout

The distribution of the education qualification as presented above shows that the highest qualification of the most of the respondents in the study was at primary school level. A total of 46.0% either did not go to school at all or dropped out of school at primary school level (See table 3 above). Generally, the standard of education of the respondents appears to be low considering the percentage of those in the primary and those who did not attend at all.

Based on these, the educational level of the respondents seemed to influence adherence or had some effect on people's attitudes. This is consistent with the view that education is an important factor for the well being of the individuals. This also can enhance employment status and improve their access to health care facilities. The respondents' educational status had an influence on their knowledge of and risk behaviour regarding HIV transmission and prevention as well as participating in the campaign against the pandemic. Being illiterate they could be vulnerable to wrong perceptions as they might not have adequate information on the causes and transmission of the pandemic.

Table 4. Employment Status of Participants.

		Frequency	Percent	Valid Percent	Cumulative Percent
	Employed	2	13.3	13.3	13.3
	Unemployed	13	86.7	86.7	100.0
	Total	15	100.0	100.0	

In this study, it is expected that there will be differences in HIV vulnerability based on whether someone currently works or not with those who are unemployed being more vulnerable (Sesay 2010). The original occupation variable was collapsed into two categories: (a) employed and (b) unemployed.

HIV infection is influenced by so many factors one of which is illiteracy. During the 2006 census, the rate of unemployment in the country was very high among young adults. Nigeria is a country where educational qualification counts so much that when it comes to job employment that is, if the job is available; if you do not have the required qualification for the job you might obviously not get the job. From the above, it is cleared that majority 13 (86.6%) of the people have no qualification that will earn them a good job employment.

When the respondents were asked of their employment status more than half 13 (86.7%) of the respondents indicated that they were not working, while 2 (13.3%) indicated that they were working (See table 4). The response indicates that many people are not working and are poor. Being poor could make them vulnerable to HIV/AIDS. This is in agreement with National Strategy for BCIC (2006:8), that economic factors increases vulnerability to HIV infection and intensifies its impact at all levels. It can therefore be deduced from the response that unemployment leads to poverty, reduces investment in human capital restricts provision of essential health and social services for prevention, treatment, care and support for HIV/AIDS.

Are you aware of the disease called HIV/AIDS? What do you understand by the term HIV/AIDS?

The semi-structured interviews were conducted on a one-on-one basis with female adults. More than 90% of all the women interviewed seem to have a considerable awareness about HIV/AIDS. This been the first step in acquiring knowledge of the pandemic according to FME 2006:170-178. However, it was sad to hear that majority of the respondents (87%) do not know what HIV/AIDS stands for.

Where did you get your information from?

When asked where they got their information about the pandemic, majority of the respondents (73%) said they got to know about it from their friends and parents. This confirms Huang et al (2005:772) report that the source of information is mostly from parents.

How is this disease transmitted?

About 83% of the respondents said through sex, sharp object, blood transfusion, blood contact and unsterilized needles. This response is an affirmation of FGN report (2003:17); UNICEF (2005:76) reports as highlighted in the literature study above. However, one of them added that one can contract it through witchcraft activities or curse from the gods of the land once there is a sacrilege. One of the respondents put it this way:

That is what we have been told but, here we know that when you defile the land, the gods will inflict you with sickness like HIV/AIDS were your blood begins to dry up the same is when one is attacked by witches and wizards.

And according to Dennill et al (1999:156), knowledge has an influence on an individual's perception about an illness such as HIV/AIDS and determines the adoption of healthy behaviour.

How can a mother infect her newborn baby with HIV/AIDS?

Female adults were interviewed on how a mother can infect her newborn baby with HIV/AIDS

> *A mother that is already infected will automatically infect her unborn baby and/or when breast feeding the baby, she re-infect the baby says one of the respondents.*

It was observed that majority (84%) of the respondents do not believe that one can be HIV positive and still give birth to a baby that is not infected with the virus. This is similar to the findings of Meerkotter et al (2010) report that Mother-to-child transmission is wide spread especially in sub-Saharan Africa, where approximately 600 000 babies are infected with HIV every year.

However, the risk of mother-to-child-transmission of HIV-infection is low ranging from 15% to 35% (UNAIDS 2005). This is in line of the context of HBM (Campus 2005), which states that incorrect perceptions about the risk of HIV could lead to exposure to the risk of HIV transmission.

It is easy to conclude that the adults in this area have a reasonable level of awareness of the pandemic but what remains a problem here is that they do not know the meaning of the acronyms HIV/AIDS and their means of information according to the researcher needs to be look into carefully in other to avoid the dissemination of wrong information. The respondents' level of education had an influence on their knowledge of the risk behaviour regarding HIV transmission as there is a relationship between illiteracy and vulnerable. This make the illiterate women void of adequate information on the transmission of HIV. If they got their information from friends and parents, then these friends and parents need to be empowered to communicate openly with these adults on HIV/AIDS issues because they have an influential role to play in the socialization of these adults.

Have you seen a condom before? What do you think of the use of condom?

Most of the respondents (86.7%) have seen condom and as for what they think of the use of condom, 83% of the respondents do not see any guarantee or safety in the use of it. One of the participants said:

It is 50/50 because it can burst or break at any time and some condom has holes bigger than sperm.

By 50/50 it means there is no guarantee or safety in the use of condom.

Another respondent said:

Most of the men don't like to use it they prefer skin to skin.

Yet another respondent said:

I hate the smell or odour how are you sure the oil does not carry any infection?

This is similar to the findings of Agweda, Dibua and Eromonsele (2010) that the majority are negatively disposed to using condom.

How would you know if someone is HIV positive?

It appears that (91%) of the respondents have not seen anyone who has HIV/AIDS they have heard and someone else have pointed others to them as having the disease. For example, one of the respondents said:

I have not seen but I have heard because AIDS no de show for face

Meaning, you cannot know someone who is infected with the disease by mere looking at him/her. You have to go for test. This finding indicated a knowledge gap on both the transmission and consciousness of the disease. Amuyunzu-Nyamongo et al (2005) reporting,

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that some people might intentionally spread the virus for reasons of revenge if they learn they are HIV positive.

Does women's vulnerability to HIV/AIDS vary across the communities and villages of Igueben?

Thus, women's vulnerability in the area will vary. It will not be uniform because most villages within the Municipality are not like the main town of Igueben. Those in Igueben main town tend to be a little social or schooled than those who are not. One of the respondents said:

Those who are in the main town of Igueben have advantage than those of us far from the town because they have better schools than us though not too good compare to those in the city of Lagos.

This is in line with NACC, 2002 report that Lack of education for women results in low exposure to HIV/AIDS education messages. Women with education are more likely to understand how HIV is transmitted and thus know how to protect themselves. Conversely, illiterate women are less likely to have the education and knowledge of the disease, how HIV is transmitted, and how to prevent it. Limited information can be concluded to have a significant contributing factor in the spread of HIV.

Another respondent added:

Igueben town gets electricity more than those of us in the villages around Igueben town. However, that does not mean that Igueben town gets it often; we all know electricity problem in Nigeria.

To what extent does illiteracy in this area account for women vulnerability to HIV/AIDS?

It is obvious that when people are educated or literate they tend to be different from those who are not both in attitude, behavior and perception because they gain knowledge and get information.

In the Edo State of Nigeria, the use of media such as written text, in teaching people about HIV/AIDS does not seem to be effective because most of these women cannot read nor write to assess information, and tradition still has a strong hold over people, despite the spread of Christianity.

How effective is the use of newspaper, magazines, leaflets, and radio in the disseminating of information on HIV/AIDS in your area compare to watching it on film?

The important of using written test in the dissemination of information on HIV/AIDS among adults who are illiterate is a waste of time, effort and, resources. Not only will they not benefit by it, but also their children and their friends and family will also remain in the dark for this singular reason. This conclusion came as a result of the majority of respondents (86.7%) who responded negatively to the question of how effective is the use of newspaper, magazines, leaflets, and radio in the disseminating of information on HIV/AIDS in the area compare to watching it on film?

One of the respondents said:

Of what use is giving a spoon to someone who has no both hands?

The aforementioned statement corroborates the findings of Bali and Wickramasinghe

(2007:142) that an individual's knowledge is a function of his/her previous experiences, mental structures and beliefs, which are used to interpret objects and events. Both writers also argued that some people may learn new concepts more easily when they are presented in both verbal and visual forms, and that visual media make concepts more accessible to a person than text alone, and can help with recall. That majority of the respondents have not watched any film/movie on HIV/AIDS cannot be overemphasis. However, they wish if they could have such film/movies to help explain the pandemic to them in the language that they will understand. One of the respondents said:

It is good but only if they show it in our language or the three major languages in Nigeria. Another respondent added:

If they must show it, let those who are truly infected and/or affected be part of the movie. This will make it more real and acceptable to all. Education is not only for our children even we the adults need to be educated especially in maters like this said another respondent.

This call for a serious attention on the government to see what can be done to help this area to have constant electricity. Or better still; the organizers of the fight against HIV/AIDS should buy a mobile generator plant that they can move from place to place in showing film/movies at interval to create awareness and consciousness of the pandemic to the people especially at the cool of the day. Bailey and Ledford (1994), in Benicia (2005:10), highlighted this phenomenon by stating that because film engages the visual sense of students, more senses are thus involved than with the traditional type of instruction. This uniqueness makes film an ideal aid in teaching rural illiterate adults about HIV/AIDS. They further suggest that the process of drawing the attention of students results in better retention and commitment of ideas and information to their long-term memory. Retention is also stimulated by the viewers' emotional involvement in the film. When our emotions are aroused, information is more likely to be retained for example, when illiterate adults see the physical appearance of HIV/AIDS victim in a film they cannot forget its physical effects on individuals.

And according to Dennill et al (1999:156), knowledge has an influence on an individual's perception about an illness such as HIV/AIDS and determines the adoption of healthy behaviour.

To what extent does decision-making in marriage in this area account for women vulnerability to HIV/AIDS?

Women in this area are brought up in such a way to take instruction or decision from the men or their husband; objection to men's decisions means disobedient. One of the women said:

If you want your marriage to last you must not dispute word with your husband.

While another answered:

This is so in our area here because it is assumed that the men know everything.

A total of 67% of the respondents' fear of been beaten by their husband if they failed to carry out his instructions this also account for their vulnerability. One of the respondents put it this way:

If you fail to do what they (men) say, they will leave home without feeding-money for the family, and possibly go to other women out there.

This account for their inability to read and write since they do not know what the men knew surpass to know.

Conclusion

This research grew from recognition that women in Igueben were becoming more and

more infected with HIV/AIDS despite the awareness and prevention campaign against the pandemic in the area. It is evident that there are stark relationship between illiteracy and HIV/AIDS vulnerability. The differences range from age, education, marital status, and employment status. The root of HIV/AIDS vulnerability among women in Igueben is deeply rooted in illiteracy (UNDP 2010). Women are rendered vulnerable to HIV/AIDS through their inability to read and write or acquire skills. According to Eng & Butler, (1997), the power of inbalance between men and women in sexual relationship makes it difficult for women to implement and insist on protective behaviours. This study recognises that in spite of efforts to prevent or stop the spread of HIV/AIDS in Igueben, illiteracy and ignorance play a significance role in women's vulnerability. From the exploration, this can be alleviated if these illiterate women are educated so that they can fully participate in all aspect against the spread of the pandemic. It is clear that education can provide these illiterate women with knowledge in other to make a healthy decision concerning their own lives and bring about long-term health behaviours (World Bank 2002). According to Treichler, (1999) HIV/AIDS must be address through education and prevention efforts that are culturally feasible. Analysis of the data and presentation of the findings have brought to light how illiteracy makes these women vulnerable to HIV/AIDS. Educating these illiterate women is particularly important for a vulnerable area such as Igueben. In general, the findings have highlighted that illiterate women are more vulnerable than the literate to HIV/AIDS.

Future measures which may reduce the vulnerability of these illiterate women to HIV/AIDS include the following:

- Opening of adult literacy centres (classes) at strategic locations in the area.
- Encourage these illiterate women to attend by giving them some incentive.
- Give them some training on skills acquisition.
- Training for capacity building of illiterate women to cope with the pandemic and
- Women's issues should be considered in all relevant policy and programmes especially when it has to do with women's health.

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