

THE CHALLENGES OF HIV/AIDS AND THEIR IMPLICATIONS FOR WOMEN PRODUCTIVITY IN NIGERIA

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Abstract

Acquired Immune Deficiency Syndrome (AIDS) and its twin 'doomsday' virus Human Immune Deficiency Virus (HIV) have become what may probably be the worst epidemic to afflict humanity and the toughest medical quiz for scientists. The reality of the HIV/AIDS is becoming frightening as global statistics have shown alarming increase, in the prevalence of the disease. In Nigeria, the rate of HIV infection is increasing daily. In fact over 4 million Nigerians are estimated as at 2005 to have been infected with HIV with about 10% having full-blown AIDS. Among these, women form the greater percentage of people who not only get infected but are affected and suffer the untold hardship that follow the aftermath of a death from AIDS. Indeed it has been established that women are more susceptible to HIV/AIDS transmission than men. If this is the case, what then becomes of women productivity level? It should be noted that women's health is the surest road to health for all vis-a-vis productivity. It is vital then, to expose the truth about this killer disease to all and women in particular. This paper is a step in that direction. It provides an overview of HIV/AIDS and its menace. It specifically discusses the challenges of HIV/AIDS to women's productivity. Finally, it puts forward strategies for reducing the spread of HIV/AIDS as an effective panacea for women productivity in this decade.

Introduction

Productivity, the measure of the efficiency with which a nation's- resources are transferred into commodities and services is not simply a function of the amount of raw materials, physical capital and equipment available and in use but also depends heavily on the health, skill and knowledge of people. Fafunwa (1967) shared this view and echoed the need to emphasize people's productivity is being considered rather than thing or physical infrastructures. In this situation, he pointed out that although all other indices of production are made available, they stand idle and untransformed unless the people are physiological and psychologically sound. What therefore is truly at stake in the productivity level of any nation is the health of her people. The need for emphasis on people when considering the indices of production

is underscored by the fact that people are the real wealth of a nation and productivity level is at highest when the people are in good state of health.

However in Nigeria, Okafor (2006) noted that the health of many is under threat by acquired immune deficiency syndrome (AIDS) and its twin doomsday virus (Human immune deficiency virus - HIV). United Nations Aids (UNAIDS) (2006) shared the same view and emphasized that HIV/AIDS is real in Nigeria. In continuation it was remarked that among the people affected by HIV/AIDS, women form the greater percentage who not only get infected but are affected and suffer the untold hardship that follow the aftermath of a death from AIDS. It could therefore be inferred from the ongoing that Nigerians in general and women in particular are fast being devastated by the much orchestrated, dreaded and deadly disease HIV/AIDS. This ominous development will simply increase susceptibility to high mortality rate and thereby reduce the productivity level consequently, UNAIDS (2006: 26) remarked that:

In Nigeria, the epidemic of HIV infection predicted has come to pass. That of AIDS death is already happening. Life expectancy has been reduced, productivity level is highly influenced. What is left to be seen - a badly managed economy crippled by HIV/AIDS? Time will tell.

This is a big challenge to Nigerians especially women who are the most affected. There is clearly therefore, no time for complacency. To enhance productivity among women in this decade all hands must be on deck, efforts must be galvanized to prevent the on slough of HIV/ AIDS in our society. It is therefore important for all and sundry to intensify and sustain campaign to further enlighten, inform and educate the people on the ravages HIV/AIDS unleashes upon humanity. This paper exposes the truth about HIV/ AIDS and its challenges to women productivity, that is economic growth in Nigeria.

HIV / AIDS - AN OVERVIEW

AIDS is an acronym which stands for the following:-

A	-	Acquired]	-	-	got from others
I	-	Immune]	-	-	
D	-	Deficiency]	-	-	Lack of natural protection
S	-	Syndrome]	-	-	collection of different disease AIDS

AIDS is acquired and not in-born. It is caused by a virus called HIV, that is-

H	-	Human
I	-	Immune deficiency
V	-	Virus

Okafor (2006) clarified that AIDS is the medical name-given to a disease which results from a weakness in the body immune system. Immune system refers to that aspect of the body's

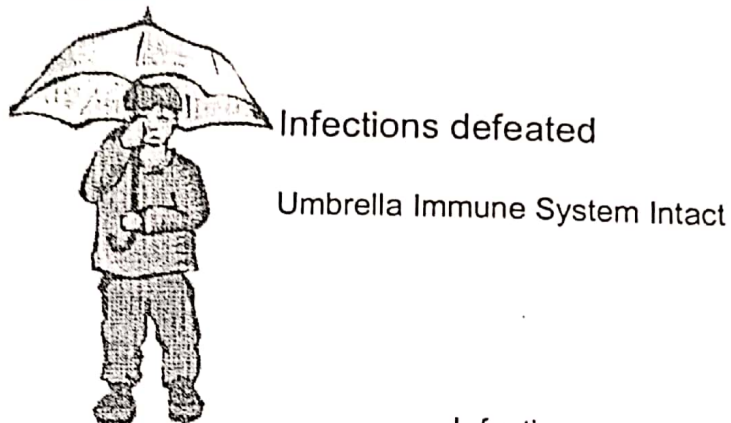
opportunistic diseases. The collection of all these diseases in the body gives rise to the condition referred to as AIDS.

Cunningham (1994) agreed with the above explanations and gave an umbrella illustration of the action stages of HIV/AIDS as in fig. 1.

Fig.1 The Umbrella Illustrations of Immune System.

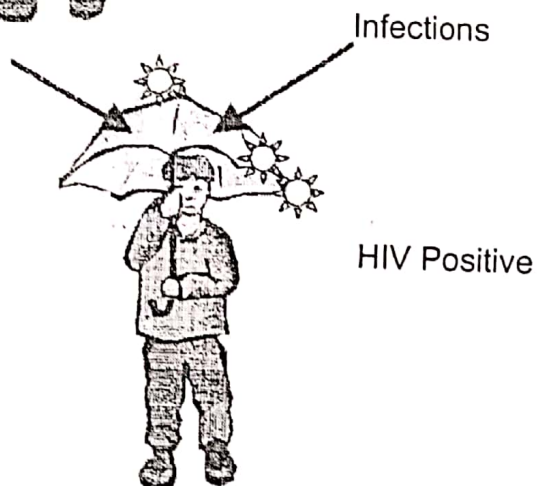
Stage I - HIV Negative

The person here has an intact immune System (umbrella) and can successfully Ward off infections.



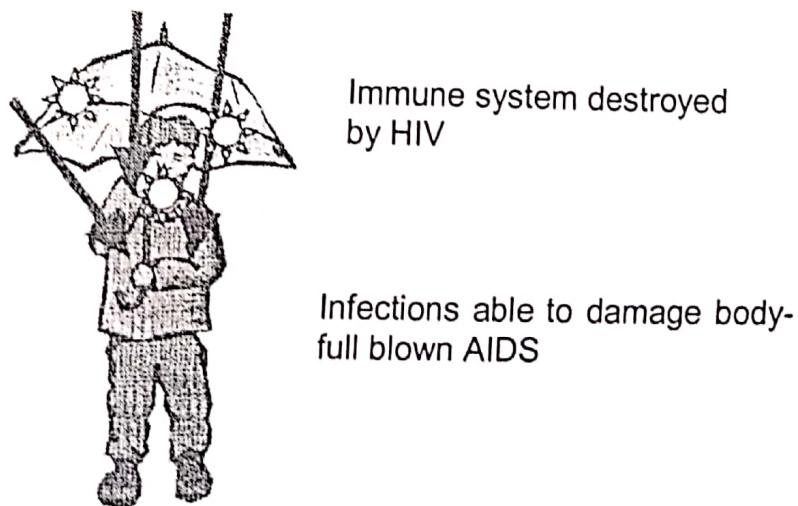
Stage II - HIV Positive.

This person is infected with the virus but the immune system is not yet fully destroyed. The person still feels normal but can only pass on the virus to other people.



Stage III

The Virus attacks and destroys part of the body immune system. The person is unable to defect other infections and the person has AIDS and will eventually die due to some other infections.



Source: Forum for African Women Educationists (FAWE) (2000)

being confirmed by researchers in different diagnostic centers all over the nation. According to Ilesanmi (2004) between January 1998 and April 1999, 84 children tested positive to HIV in General Hospital Ikeja, Lagos. Ilesanmi remarked that 26 out of the 84 children were between 1 to 2 years; 32 were between 2 to 3 years; 3 were between 10-12 years old while the rest 23 were between 12 and 24 years old. In another report by Oguntola (2004), out of 1208 pregnant women within an age range of 20 to 43 years tested at the University of Jos teaching Hospital between October 2001 and January 2003, 108 were HIV positive. Prevalence of HIV is not peculiar to Jos and Lagos. HIV/AIDS is real in all states of the Federation. This is made clear through the National HIV Sero - Prevalence Sentinel Survey (2000) conducted by Federal Ministry of Health (See Table 1). A critical view of this table revealed that though No Data (ND) Source were available in some states of the federation between 1991 and 1996, the prevalence of HIV in Nigeria is progressive over the years. Aaron (2010) confirmed that even in the present, the status of HIV/AIDS across the states of the federation has not changed.

Table 1: Trends of HIV prevalence in Nigeria

S/N	State	Year					
		1991/92	1993/94	1995/96	1999	2001	2003
1	Adamawa	0.3	1.3	5.3	5.0	4.5	7.6
2	Anambra	0.4	2.4	5.3	6.0	6.5	3.8
3	Benue	1.6	4.7	2.3	16.8	13.5	9.3
4	Bomu	4.4	6.4	1.0	4.5	4.5	3.3
5	Cross River	0.0	4.1	1.4	5.8	8.0	12.0
6	Delta	0.8	5.1	2.3	4.2	5.8	5.0
7	Edo	0.0	1.8	3.0	5.9	5.7	4.3
8	Enugu	1.3	3.7	10.2	4.7	5.2	4.9
9	Kaduna	0.9	4.6	7.5 (estimated)	11.6	5.6	6.0
10	Kano	0.0	0.4	2.5 (estimated)	4.3	3.8	4.1
11	Kwara	0.4	2.4	1.7	3.2	4.3	2.7
12	Lagos	1.9	6.8	-	6.7	3.5	4.7
13	Osun	0.0	1.4	1.6	3.7	4.3	1.2
14	Oyo	0.1	0.2	0.4	3.5	4.2	3.9
15	Plateau	6.2	8.2	11.0	6.1	8.5	6.3
16	Sokoto	1.8	1.6		3.7	3.8	4.5