

# 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 when productivity is being considered rather than thing or physical infrastructures. In continuation, he pointed out that although all other indices of production are made available, they will stand idle and untransformed unless the people are physiological and psychologically prepared. What therefore is truly at stake in the productivity level of any nation is the health status 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 make up that is responsible for helping the body to ward - off infections and to fight diseases. When the immune system is destroyed, the body could not be protected as usual. This is the situation with HIV infection in the body. It destroyed the immune system and exposes the body to



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 HI V/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.



Infections defeated

Umbrella Immune System Intact

**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.



Infections

HIV Positive

**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.



Immune system destroyed by HIV

Infections able to damage body- full blown AIDS

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

Cunningham (1994) explained that HIV upon entry into the body attacks the Helper cells and host is declared HIV positive. Though, at this stage the host is still very normal but he is highly infectious. This stage will be followed by massive destruction of immune system thereby exposing the body to various infections, which will finally result in full blown AIDS. The progress of the disease from first infection to full-blown AIDS and death varies (Dixon, 1994). Dixon noted that about 50% of affected individuals develop AIDS by 10 years, 75% by 15 years and 90% by 20 years. However, this depends on whether the person is infected by HIV -1 or HIV -2. HIV 2 has a longer incubation period and typifies the type that is most popular in Nigeria.

According to Hamza & Alumba (2009) HIV is not caught like cold or flu; it is not got through every day contact with the infected person or object used by the person. It is not got through mosquito bite, bed bugs or flies. HIV virus is mostly transmitted through sexual intercourse, transfusion of infected blood, sharing or using contaminated needle or instrument, foetal route during pregnancy or childbirth. Full blown AIDS infection has major signs which include weight loss greater than 10% of body weight, chronic diarrhoea longer than one month, fever longer than one month, persistent cough longer than one month, generalized itchy dermatitis, mental confusion, severe tiredness and others (Grace and Light, 2005). Up till this moment, despite all efforts by world bodies and much scientific research, no sure cure is known and no universally accepted vaccine has been found (World Health Organization (WHO), 1994). The ultimate end of the disease is death, however in Nigeria the approach towards HIV/ focuses on prevention, treatment and impact mitigation interventions (Aaron, 2010).

AIDS was first described as a disease entity in 1981 in the United State of America while the causative agent, HIV was first identified in 1983. The first confirmed AIDS case in Africa was reported in 1984 in Nairobi Kenya while HIV infection and AIDS in Nigeria was first reported in 1986 (13 year old girl). Globally, the spread of HIV/AIDS has exceeded the worst projections by far. FAWE (2000) and Ilesanmi (2004) indicated that about a total of 40 million people in the world are presently living with HIV/ AIDS. These figures were confirmed by United Nations Aids (UNAIDS) and world health organization (WHO) to be true. One third of this figure is said to be young people between the ages of 10 and 24, and 46% of the 40 million people living with HIV/AIDS are women, a proportion that is growing continuously.

Since the epidemic began, 3-8 million children worldwide had been infected, while over two thirds had died. Women who are displaced or in refugee camps, are six times more likely to get HIV infections than any other group in the population. Despite all these alarming trends, AIDS is still an emerging and growing epidemic which is rated to be the greatest killer in Africa. Today Africans account for 70% of the HIV infected people in the world. It was revealed by United Nations AIDS (UNAIDS) that - seven out of every ten newly infected people in the world is an African. In continuation, it was pointed out that 85% of AIDS related death and 95% AIDS orphans are in Africa. Specifically, Dibal and Mohammed (2000) remarked that South Africa is now the host of one in few of the world's new infections (HIV/AIDS), more than any other country.

### **Trends of HIV Prevalence in Nigeria between 1991 and 2003**

In Nigeria, the number of HIV positive and reported cases of AIDS has been on the increase. In fact, Nigeria is ranked second in Africa with one new infection every minute. Cases of AIDS are



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	-	2.7	2.8	4.5
17	Abia	ND	ND	ND	3.0	3.3	3.7
18	Akwa-Ibom	ND	ND	ND	12.5	10.7	
19	Bauchi	ND	ND	ND	3.0	6.8	4.8
20	Bayelsa	ND	ND	ND	4.3	7.2	4.0

S/N	State	Year					
		1991/92	1993/94	1995/96	1999	2001	2003
21	Ebonyi	ND	ND	ND	9.3	6.2	4.5
22	Ekiti	ND	ND	ND	2.2	3.2	2.0
23	Gombe	ND	ND	ND	4.7	8.2	6.8
24	Imo	ND	ND	ND	7.8	4.3	3.1
25	Jigawa	ND	ND	1.7	1.7	1.8	2.0
26	Katsina	ND	ND	ND	2.3	3.5	2.8
27	Kebbi	ND	ND	ND	3.7	4.0	2.5
28	Kogi	ND	ND	2.3	5.2	5.7	5.7
29	Nasarawa	ND	ND	ND	10.8	8.1	6.5
30	Niger	ND	ND	ND	6.7	4.5	7.0
31	Ogun	ND	ND	0.1	2.5	3.5	1.5
32	Ondo	ND	ND	ND	2.9	6.7	2.3
33	Rivers	ND	ND	1.0	3.3	7.7	6.6
34	Taraba	ND	ND	6.0	5.5	6.2	6.0
35	Yobe	ND	ND	ND	1.9	3.5	3.8
36	Zamfara	ND	ND	ND	2.7	3.5	3.3
37	FCT	ND	ND	ND	7.2	10.2	8.4

Source: Federal Ministry of Health, Department of Public Health. Nigeria (2000).

According to Cunningham (1998) about 2.6 million Nigerians under the age of 20-40 years are infected with HIV/AIDS. It is estimated that by the year 2006/ 9.8 million will be infected. In continuation, Cunningham gave the below statistics of AIDS death in Nigeria:

Years	Percentage of AIDS Death
0-4 years	8%
5-9 years	1%
10-14 years	2%
15 -19 years	3%
20-29 years	35%
30-39 years	38%
40-49 years	9%
50-55 years	4%
60 & above	2%

From the above statistics the youths from 20-39years are mostly affected. These represent the nation's future and the development of the Nigerian Nation rests' in their hand. A lot of implications are embedded on this, if HIV prevention among the large young population fails, Nigeria will have to face staggering costs of vast number of adult with AIDS and thus low productive level.

### Menace and Challenges of HIV/AIDS to Women Productivity

AIDS is systematically undermining the health, economy and social infrastructure of our country - Nigeria. The health costs of the epidemic are already substantial and constantly rising. In this crisis, the women who are the most productive in supporting the family and the nation's economy are being mostly destroyed. Globally for instance, in Sub-Sahara Africa, a survey conducted in 1999 among people living with HIV proved that women are the most affected. (This is clear from Table 2).

**Table 2: Estimated proportions of people (15-24yrs old) living with HIV/AIDS in Sub-Saharan Africa in 1999.**

COUNTRIES	FEMALE	MALE
Botswana	34	16
Lesotho	26	12
South Africa	25	11
Zimbabwe	25	11
Namibia	20	9.1
Zambia	18	8.2
Malawi	15	7.0
Mozambique	15	6.7
Central African Republic	14	6.9
Kenya	13	6.4
Ethiopia	12	5.7
Burundi	12	5.7
Rwanda	11	5.2
Cote D'ivoire	9.5	3.8
Tanzania	8.1	4.0
Cameroon	7.8	3.8
Uganda	7.8	3.8
Congo	6.5	3.2
Burkina Faso	5.8	2.3
Togo	5.5	2.2
Congo Democratic Republic	5.1	2.5



COUNTRIES	FEMALE	MALE
Nigeria	5.1	2.5
Gabon	4.7	2.3
Ghana	3.4	1.4
Chad	3.0	1.9
Angola	2.7	1.3
Sierra Leone	2.9	1.2
Guinea Bissau	2.5	1.0
Benin	2.2	0.9
Gambia	2.2	0.9
Liberia	2.2	0.9
Mali	2.1	1.3
Senegal	1.6	0.7
Niger	1.5	1.0
Guinea	1.4	0.6
Mauritania	0.6	0.4
Madagascar	0.1	0.04
Mauritius	0.04	0.04
Eritrea	ND	ND
Somalia	ND	ND

\*ND - No data source: FAWE (2000) pp 16.

The analysis from this table shows that greater proportion of the people living with HIV/AIDS is the female folk. This throws a lot of challenges to the productivity level (hands for economic growth) of every nation and to the women folk in particular. For any nation to achieve economic prosperity, potentials of her citizenry from all professions must be harnessed. In these professions, the professional are products of women who gave birth to them. If women are the most affected by HIV/AIDS as made clear in table 2, it then implies that the availability of the professionals will also be affected viz a viz hands for economic growth. So if women are eliminated by HIV/AIDS, all the potentials needed for productivity will go with her. This state of affairs requires immediate and serious attention.

Accounting for why women are mostly affected by HIV/ AIDS, Okafor (2006) noted that women are highly vulnerable to HIV/ AIDS due to their biological make-up and social status. Based on women biological make-up, it was explained that women have sexual organs –the vagina, urethra, fallopian tubes, uterus etc, on which are openings, where semen, which has high concentration of AIDS virus remains for a relatively long time and so increases the possibility of the virus travelling to other areas of the body via the extensive surface areas of these parts. To support this, Hamza & Alumba (2009) pointed out that women are known to run the risk of HIV / AIDS from unprotected sex at least twice that of men due to the fact that while the men has only one opening in his penis, the women has several. Unless both have laceration, the women



receptive opening would allow more infected fluid to go in while infection chance to the man is less. Women's vulnerability on account of their social status is accounted for by their economic dependence on husbands who in many cases are unfaithful. The woman's life is thus dominated by a man and manipulated in acts such as wife inheritance/sharing, deciding when and how often sexual intercourse takes place. In situations like women are at danger of contracting HIV/AIDS even when they are innocent. Productivity of these women in terms of reproduction as well as in economic growth must surely be affected except there is a remedy.

Beside these facts, Aaron (2010) noted that unskilled, uneducated women are compelled in many cases to engage in commercial sex. Also indigent female tertiary students are known to practice part time commercial sex to make ends meet. In continuation, Aaron (2010) agreed with this and emphasized those young women especially teenagers are most at risk of being infected by HIV. This finding lies on the fact that teenager's vagina is not well lined with protective cells; hence their cervix could be more easily eroded, potentially enhancing risk of HIV infection. In addition to all these, there are other traditional practices, which pave way for HIV / AIDS infection among women. These are female genital mutilation, tattooing and polygamy among others.

All these menace of HIV / AIDS portends problems for women productivity. From what have been discussed, there is indeed no doubt, the epidemics of HIV/AIDS is the greatest challenge of our time. It presents not one but various sides to the same problem. For whether it comes and abates with only acute infection crisis or later on graduates into AIDS stage, the crisis is usually severe. The journey is always of trauma, coupled with a great feeling of scourge. The various stages and manifestations of the disease simply threaten the integrity of our collective existence and provide a strong food for thought for the whole of humanity. What do we do? At this point it is necessary to point out that every segment of the Nigerian population will pay a high price if we do not commit ourselves to working together to defeat this monstrous threat to the health and productivity of the global community. We must not give up the campaign against HIV / AIDS. All and sundry ought to launch a war against HIV/ AIDS in our communities and elsewhere.

### **Strategies for Reducing the Spread of HIV/AIDS**

In the absence of a definite vaccine for HIV/ AIDS and as the world waits patiently for a cure, it is vital to inform people about how HIV is transmitted. Hence the following ways can help reduce the spread of HIV/AIDS, thus:

- (1) Encourage people to have change of sexual behavior which can put them at risk. In order to achieve this, the obvious and most rational thing to do is to redouble public enlightenment campaign. Every available information outfit must be used to get the messages across. Both interpersonal and mass communication media must be mobilized for this. They should ceaselessly carry formative articles that would educate the whole populace about the dangers posed by HIV/ AIDS and how to avoid it.
- (2) Extension of the campaign to Educational Institutions Nationwide (FAWE 2000). In this regard, Primary, Secondary and Tertiary Institutions have genuine role to play. In the first instance, the teaching of moral instruction and campaign for all forms of activity that could

mould or shape the characters and attitude of the teenagers towards sexual life should be encouraged.

- (3) This could be achieving through avenues such as songs, poems, film-shows, drama, club and societies. Ultimately, moralizing people is the best bet. We ought to be bold to explain that there is nothing like safe sex.
- (4) Encourage people to know that any sexuality outside marriage is wrong and should be discouraged. Faithfulness to our spouses and more importantly the fear of God may become the best strategies that will reduce the spread of this dreaded disease.
- (5) The teenagers should be sensitized. Subsequently, they will serve as useful megaphones through which information about HIV/AIDS infections are effectively disseminated.
- (6) In addition to this, Institution should incorporate Sex, AIDS and Counselling education in the school curriculum. Through these avenues, obscured fact on sex-related issues and vital information about AIDS infections are brought to limelight.
- (7) Furthermore, tertiary Institutions should organize seminars, workshops, clinics and conferences which will focus mainly on how to reduce the menace of AIDS in the society. Women Academics ought to champion these moves in their various institutions. They can also take a step further to organize female Forum where they can speak to female students and themselves on some social behaviours which might place them at the risk of contracting HIV/AIDS. All these strategies if effectively implemented will serve as a panacea for female productivity in this decade.

### Conclusion

In spite of various workshops and seminars on HIV/AIDS organized by Government and non Governmental organizations, many Nigerians still continue to throw caution to the winds and engage in indiscriminate sex. While some depend totally on condom to protect them from infection of AIDS virus, others still believe that it does not exist. Too many who are still under the illusion that AIDS is a mere figment of the imagination of some people, the truth as presented in this paper still stands. AIDS is real; AIDS is no respecter of any persons. However if one does not want to become a HIV/ AIDS patient, he should go for fidelity insurance today by keeping off infidelity and spare himself and his family the agony of HI V/AIDS.

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