
Economic Impact of HIV/AIDS and Stigmatization on Women in Nigeria: Challenges for the Actualization of the Millennium Development Goals (MDGS)

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Abstract

Trapped between the shackles of the monster called poverty, haunted and manacled by the lethal dose of shame i.e. the millennium exterminator called "HIV/AIDS", the Nigerian woman is thrown into the oblivion of stigmatization, discrimination and rejection. This situation has worsened her already precarious socio-economic wellbeing thereby jeopardizing her ability at self-actualization and economic independence. However, without the government taking very crucial steps to stem the tide of the real killer disease (stigma), the Millennium Development Goals (MDGs) which the whole world including Nigeria are striving to attain may be a herculean task. This paper attempts on explanation of the myths and misperception about HIV/AIDS, the stigma arising there from and consequently the challenges that must be overcome towards the actualization of the Millennium Development Goals (MDGs).

I. Introduction

At its core, development must be about general improvement of human wellbeing, eradication of hunger, disease, ignorance and provision of productive employment for all. Its first goal must be to end poverty and satisfy the priority needs of all people in a way that can be productively sustained (for) future generations (Ghali, 1995). For several years, the development challenge for Nigeria was the diversification of the productive base of the economy, i.e. away from oil, thereby embarking on several ad hoc stabilization or reform measures, a major reform package being the Structural Adjustment Programme (SAP) of the middle 1980s. In recent time, following the United Nations agenda on the Millennium Development Goals (MDGs), Nigeria embarked on a new reform programme known as National Economic Empowerment and Development Strategy (NEEDS).

The objectives of NEEDS among others, is to enable Nigeria achieve a turn around and grow a broad-based market-oriented economy that is private sector-led and in which people can be empowered so that they can, as a minimum afford the basic needs of life. It is therefore a pro-poor development

strategy with sources of economic empowerment being gainful employment and provision of social safety nets for (the) most vulnerable groups, (especially women), Akpobaseh (2004). However, this dream is under serious threat by the greatest “millennium exterminator”, i.e. “HIV/AIDS”. Thus, by killing so many people in their prime age, “HIV/AIDS” constitute crucial challenge to this reform agenda for economic growth and development that can be sustained. Indeed, it poses serious obstacle to human capital, discouragement of investment and erosion of productivity. In fact, “HIV/AIDS” does not only undermine a nation’s efforts at poverty reduction, but also it constitutes serious constraint to the improvement of the people’s standard of living.

Nevertheless, the health consequences of poverty and deprivation for all people are enormous and very serious. Ultimately, the experience of women in most cases differs from those of men in a number of ways due to women’s vulnerable position, not only in the “labour economy”, but also in the area of “care economy” (Abdullahi, 2004). It is therefore not surprising to note that women’s health generally and their reproductive health in particular has in recent time become so fundamental that it has taken a prominent place in the United Nations agenda for the Millennium Development Goals (MDGs) i.e. “improvement of maternal health”.

Maternal health concerns have become very crucial and urgent in view of the current deadly lethal dose of shame in the name of “HIV/AIDS” for which women constitute the highest statistics of the affected and infected. It is useful to note that the “HIV/AIDS” scourge is shrouded in myths and misperception which unfortunately has led to serious stigmatization on the part of the women who have fallen victims due to their vulnerable position in all spheres of life. The need to understand the reality of this scourge cannot be overemphasized, especially if the objective of attaining improvement in maternal health, an important goal of the United Nations’ MDGs is to be actualized.

In the light of the foregoing, this paper is divided into five (5) sections including this brief introduction as section one. Section two (2) provides an insight into the meaning of “HIV/AIDS”, the myths and realities surrounding it. In section three (3) an overview of “HIV/AIDS” in Nigeria is discussed with emphasis on the role of religion, culture versus sex and poverty, etc, while section four (4) looks at the economic impact of “HIV/AIDS” and stigmatization on women in Nigeria and its challenges for the actualization of the MDGs. The final section looks at the way forward towards actualizing the MDGs with conclusion.

2. HIV/AIDS: Meaning, Myths And Realities

In this section we discuss the meaning, myths and realities of “HIV/AIDS”.

- a. **Meaning of “HIV/AIDS”:** To understand the issue of “HIV/AIDS”, it is important to pose a very crucial question, i.e. why it is perceived as such as lethal dose of shame? The answer is very simple, i.e. that people are ignorant of its meaning, hence the myths and misperceptions about the disease. Studies have shown that in 1984 and 3 years after the first reports of a disease that was to become known as “AIDS”, researchers discovered the primary causative viral agent, the “human immunodeficiency viral type – I (HIV-1)”. In 1986, a second type of HIV, called “HIV-2” was isolated from AIDS patients in West Africa, where it may have been present decades earlier. However, studies of the natural history of “HIV-2” are limited, though comparisons with “HIV-1” show some similarities while suggesting some differences (Salaam, 2006).

“HIV-2” infections are predominantly found in Africa, thus West Africa, thus West African Nations with a prevalence rate of “HIV-2” of more than 1% in the general population are: Cape Verde, Cote d’Ivoire, Gambia, Guinea Bissau, Mali, Mauritania, Nigeria, Sierra Leone, Ghana, Burkina Faso, Niger, Sao Tome, Senegal and Togo (*Ibid*).

However, according to Cadman (2003), "HIV" is an acronym which stands for "Human Immune deficiency Virus". "HIV" is the virus that causes "AIDS". "AIDS" on the other hand means "Acquired Immune Deficiency Syndrome". It is the most advanced stage of "HIV" infection. Thus, "HIV" causes "AIDS" by attacking the immune system's soldiers known as "CD 4 Cells". When too much of these "CD 4 cells" are lost, the body is less able to fight off any infection. Most often, these may develop into serious and sometimes very deadly infections. These infections are referred to as "Opportunistic Infections (OIs)" due to the fact that they take advantage of the already weakened defenses of the body system. Consequently, "AIDS" result when the body's immune system is compromised such that it cannot effectively fight off opportunistic infections from attacking it, hence it becomes very deadly.

It is useful to stress that "AIDS" does not occur as soon as one is confirm as being "HIV" positive since the virus can remain for several years in the body without any sign of disease. However, if it is left without treatment, it will result to destroying the immune system, thereby creating room for opportunistic infections. Cadman (2003) opines that the Centre for Disease Control and Prevention (CDC) defines someone as having "AIDS" if he or she is "HIV" positive and meets one or both of the following conditions:

- Has had at least one of 21 AIDS defining opportunistic infections; and
- Has had a "CD 4 Cell" count ((T-Cell count) of 200cells or less (A normal CD 4 count varies by laboratory, but usually it is in the range of 600 to 1,500))

It is useful to stress that both "HIV-1 and HIV-2" have the same modes of transmission and are associated with similar opportunistic infections, hence "AIDS". Studies have revealed that in persons infected with "HIV-s", immunodeficiency develops more slowly and it is milder when compared with persons infected with "HIV-1". Thus, those with "HIV-2" infectiousness seem to increase. However, when compared with "HIV-1", the duration of this infectiousness is shorter. It is also reported that "HIV-1 and HIV-2" also differ in geographic patterns of infection (*Op. Cit.*).

- b. **The Myths and Realities about HIV/AIDS:** According to Trisdale (2003), most stories and rumours about "HIV/AIDS" are not only highly exaggerated, but they are in most cases made up. Consequently, in order to tackle the problem of "HIV/AIDS" it is very crucial to sieve out the myths from the realities. This is because, once one develops strong belief in the myths about the "HIV/AIDS", it creates serious fear, denial, discrimination and the resultant effect may be serious damage to one's health which kills faster than the "HIV/AIDS".
- i. Myths about "HIV/AIDS": Trisdale (2003) highlights the following as the myths surrounding the "HIV/AIDS" scourge:
- "HIV" does not cause "AIDS";
 - The "AIDS Test" can't be trusted;
 - "Viral load tests" don't really tell anything about a person's health;
 - Straight people don't get "HIV", etc.
- ii. Realities about "HIV/AIDS": She also points out the following as the realities about "HIV/AIDS".
- If you don't have "HIV", you don't get "AIDS, but if you have "HIV" you (may) eventually have "AIDS";
 - "HIV" medications known as antiretrovirals don't cure "HIV", but can help keep people healthy for a longer period of time;
 - "AIDS Test" measures the body's response to "HIV", called antibodies. The "HIV" antibody called "ELISA" is 99 % accurate;

- “Viral load” measures the amount of “HIV” in a person’s blood. According to Trisdale, several studies have revealed that people with *high viral loads* are at high risk of falling ill or die than people with *low viral loads*;
- Majority of “HIV” positive people worldwide are heterosexual;
- You can pass it on to others, like your partner through sex or your baby during pregnancy, childbirth and breast feeding. Other modes of transmission include sharp objects, blood transmission from infected person;
- “HIV” can be passed on more easily if:
 - i. You have sex without using a condom;
 - ii. You have a sexually transmitted infection (STI);
 - iii. You have dry sex, i.e. wiping the private part or putting substance like snuff, vinegar, Colgate, Jik to dry up the vagina before sex;
 - iv. You have rough sex like rape. This can cause cuts and bleeding and this helps “HIV” to get into the body more easily.

Arising from the above, Trisdale warns that care should be taken in giving out wrong information because the myths about “HIV/AIDS” are very dangerous as they can make people fear when there is no cause to do so and also make one not to fear in the face of danger.

3. An Overview of “HIV/AIDS” in Nigeria: The Role of Religion and Culture Versus Sex and Poverty

That Nigeria is the most populous black nation hence the acclaimed ‘giant of Africa’ is no longer in doubt. Also not in doubt is the siege of patriarchy which has encompassed all spheres of the Nigerian society in the area of female genital mutilation, child marriage, widow inheritance, polygamy, while all the dominant religion proclaim the superiority of the males over the females, i.e. the traditional, Islamic and Christian religious practices. This Divinely ordained male dominance forms the ultimate basis of patriarchy entrenchment in the Nigerian culture (Isiramen, 2003).

Nigeria is a society where talks about sexual issues are viewed as immoral, hence shrouded in great secrecy. This secrecy surrounding sexual relations, coupled with the religious and cultural expectations that subjugate women is largely responsible for women’s (greatest) vulnerability to “HIV/AIDS” in the country, thus making Nigeria to be on the brink of “HIV/AIDS” disaster (*Ibid*).

Arising from the above, studies have shown that Nigeria has the fastest rate of “HIV/AIDS” infection in West Africa, with the prevalence rate among women attending antenatal clinics rising from mere 1% in 1986 when “HIV” was first discovered in Nigeria to 21% in the (new millennium), thus women make up 60% of “HIV/AIDS” sufferers in Nigeria (*Ibid*). According to Oshotimehi (2006), the “HIV/AIDS” prevalence rate rose from 1.8% in 1992 to 4.5% in 2001, and 5.8% in 2003 and has fallen to 4.4% in 2005 which to him is still on the high side for a country like Nigeria.

A number of factors have been isolated as being responsible for the high statistics of women affected by the “HIV/AIDS” scourge. These factors include among others religion, culture, sexual relation and poverty, etc, as discussed below.

- a. **Religion and Culture versus Sexual Relations:** Sex is the primary mode of transmission of “HIV/AIDS”. Thus women’s vulnerability to this scourge is correlated according to Isiramen (2003) to the religious-cultural demands of the society in the area of sexual relations. According to her, from cradle, girls are groomed and indoctrinated to bear suffering and humiliation in silence. As usual, in a heavily patriarchal society like Nigeria, the males and females undertake different roles with different expectations in the area of sexual relations. While men can prove their virility and macho power through extramarital sex, it is a taboo for

the woman. In addition, both Islam and the traditional religion permit polygamy, hence fidelity on the part of the men is ruled out.

Arising from the above, the tedious task of ensuring a successful marriage (a highly valued institution) lies on the woman's shoulder alone. This involves provision of sex whenever the man is in need. Thus, in order to keep the sanctity of marriage, and in order to avoid castigation, shame, rejection, rebuke and dishonor or disgrace of divorce, most women suffer venereal diseases, the most deadly and prevalent of which is "HIV/AIDS" in silence. This indeed is a very rich and fertile atmosphere for the fast spread of "HIV/AIDS" (*Ibid*).

In addition, due to women's low status in marriage relationship they fall prey to marital rape, i.e. a situation of coerced or forced sex. The tales of single women girls are worse in terms of rape as they suffer the shame in silence in order to avoid jeopardizing their future chances of marriage. All these factors combine in no small measure towards reducing women's ability to protect themselves, hence their high susceptibility to the "HIV/AIDS" scourge.

Women are also exposed to "HIV/AIDS" due to other vile and highly repulsive cultural practices such as female genital mutilation and widowhood rites. Genital mutilations are usually enforced as a check on women's promiscuity in some societies in Nigeria. Usually, unsterilized instruments are used to perform this crude and horrifying operation by local physicians. The implication of this on the health of the woman is better imagined, needless to say in the spread of "HIV/AIDS". Also in some societies in Nigeria, widowhood rites expose women to serious health problems, including the risk of "HIV/AIDS" infection. This rite involves shaving the head of the woman with unsterilized razor blade and a times forceful marriage to the deceased's relation who may not have been tested for HIV.

- b. **The Poverty Panacea:** The economic condition of the country has also played crucial role in the spread of "HIV/AIDS". As a richly endowed country, both in human and natural resources, Nigeria had no business with poverty. Unfortunately, due to gross mismanagement of the nation's resources, the masses have been reduced to abject poverty and deprivation, with about 70% of the population living on less than one US dollar a day. This state of affair i.e. the economic pressure force some women into the dangerous and precarious life style of a commercial sex worker, especially among the teeming mass of the unemployed youths in order to escape the pangs of poverty. The irony of it all is that this escape route for survival resort to death sentence through the "HIV/AIDS" scourge. Therefore, as long as no effort is made to at least provide the basic needs for the masses, no amount of preaching against prostitution will change the situation (Isiramen, 2003). Arising from the above, is the fact that because of the religious and cultural barriers, most women are not aware that they are infected and when they do they maintain the culture of silence due to stigmatization, a more deadly exterminator than the "HIV/AIDS" scourge. This is the subject of discuss in the next section that follows.

4. Economic Impact of "HIV/AIDS" and "Stigmatisation" on Women in Nigeria: Challenges for the Actualisation of the Millennium Development Goals (MDGS)

There is no doubt about the fact that people of all income levels and age groups are highly susceptible to the economic impact of "HIV/AIDS" either directly or indirectly. In the same vein, all sectors of the economy are also affected, like the issue of governance, the production and the social sectors, etc. However, the poor, particularly women and girls are the most vulnerable to "HIV/AIDS" and are thus disproportionately affected by the epidemic. Indeed, the greatest burden of care rests on the heads of women/girls. Most often families find it easier to withdraw girls from school in order to care for sick

relations or assume other responsibilities within the family. This always ends the girl's education, thereby jeopardizing her future prospects at self-actualization and economic independence.

The resultant consequences on girl's development is especially fundamental, leaving girls even more susceptible to "HIV/AIDS" infection as they are less able to achieve the earning power required to increase their economic independence. The impact on the national economy is best imagined i.e. reduced education for women seriously impedes the general economic development of a nation.

Indeed, the economic impact of "HIV/AIDS" on governance cannot be overemphasized. This is because the government and the private sectors are losing highly valuable and very skilled employees to the epidemic; hence they are being confronted with mounting bills on health care, widow and orphan maintenance, etc. This results to reduced revenue and lower return on investment. In addition, the loss of skilled employees through this epidemic is seriously hampering capacity, while the costs of new recruitments, training, benefits settlement and replacement are mounting. According to United Nations Fact Sheet (2001), "HIV/AIDS" is reducing the ratio of healthy workers to dependants, thereby reducing productivity. This trend has slowed the development of the private sector, a core element in the development strategies of many nations especially Nigeria.

The agricultural sector is not left out as "HIV/AIDS" is reducing investment in irrigation, soil enhancement and other capital improvement strategies. This has inhibited agricultural production as households are being constrained to shift to crops that are less labour-intensive but also in nourishment. This has further worsened the food crisis in Nigeria in particular. This indeed poses serious challenges to the actualization of the MDGs by 2015 whereby people suffering from hunger are supposed to be reduced by half.

The economic impact on the social sector too raises a lot of concerns. The "HIV/AIDS" epidemic has seriously overburdened the social system, consequently hindering health and educational development. It has been reported that in some countries ravaged by the epidemic, life expectancy has been reduced by 20 years, with the current rate of children orphaned by the disease amounting to about 13.2 million, which is also expected to double by the year 2010 (UN Fact Sheet, 2001). This panacea poses serious demands on social welfare, especially for a country like Nigeria which is already overburdened by huge developmental challenges. For instance, the quality and efficiency of our educational system, coupled with our health system that is already seriously overstretched are cases of contention. "HIV/AIDS" has seriously undermined social cohesion and has become a serious threat to social and political stability in Nigeria. Indeed, the MDGs of ensuring universal primary education by 2015 is no doubt at a great risk in Nigeria.

Arising from the above is the economic consequences of "stigmatization" of people living positively with "HIV/AIDS", the bulk of whom are women. Thus, between "HIV" infection (which does not kill) and "AIDS" (which could kill), there is a potent exterminator whose name is "stigma" (JAAIDS, 2006). According to JAAIDS, "HIV/AIDS" is the most misunderstood and stigmatized (ailment of the millennium) "stigma" is more lethal than the virus itself. It not only kills, it also perpetuates its own particular kind of emotional trauma which has serious consequences on self-esteem, mental health, and access to care. Indeed, "stigma" is one of the forces that are fast driving the wide-spread nature of the "HIV/AIDS" pandemic.

"Stigma" and discrimination can manifest in many ways (Engederhealth, 2006). It is usually fuelled by ignorance. While a lot has been discussed about "HIV/AIDS", very few people still have factual knowledge of the virus as distinct from the syndrome. People view "HIV/AIDS" as a disease and this is very wrong because it is not so in the scientific parlance. Across Nigeria, the stigma, prejudice and denial surrounding "HIV/AIDS" are major obstacles in trying to stem the spread of the pandemic (Clarke, 2006). According to Clarke, reports about "HIV" positive women being tortured, burned and abandoned have frightened many women, especially within the Muslim communities, about seeking tests

or treatment. There are also situations where husbands know their status and take ARVs, but will not tell their wives.

While it is gratifying to note that the existence of “HIV/AIDS” is slowly gaining acceptance, principally due to the laudable activities of the National Action Committee on AIDS (NACA), there is no doubt that a lot still needs to be done especially in the fight against ignorance, myths and the socio-cultural obstacles fuelling its wide spread. The question that readily comes to mind at this juncture is which way forward? This is the subject of discuss in the next section.

5. Towards Actualization of the Millennium Development Goals: The Way Forward

For long time “HIV/AIDS” awareness campaigns were viewed as another western propaganda to spread foreign ways of thinking, especially among traditional Muslim communities. But the reality today is that “HIV/AIDS” is real and a lot of people have lost their lives, with many women widowed and a lot of children orphaned. The epidemic is spreading like wild fire. What should Nigeria do about this scourge in order to actualize the MDGs on health generally and maternal health in particular, especially as it relates to “HIV/AIDS”? Nigeria can do the following to overcome this problem

- a. **The Risk Avoidance Strategy, i.e. the ABC of HIV/AIDS Prevention:** The first step towards overcoming the spread of the epidemic is to attack the most primary cause i.e. sex. This is the most common way through which “HIV/AIDS” could be contacted. Thus, since the late 1980s it had been known that individuals could take action to either reduce or avoid altogether the risk of becoming infected with “HIV/AIDS” through sexual transmission. Thus, the risk could be avoided through:
 - i. Abstinence: i.e. by avoiding altogether any sexual activities that could cause transmission of “HIV/AIDS” and wait till one gets married to the right partner.
 - ii. Be Faithful: i.e. avoiding sexual relationship other than with a mutually faithful uninfected partner.
 - iii. Condomize: i.e. by avoiding correct and consistent use of condoms, especially for people who cannot discipline themselves sexually.Empirical evidences from Uganda and Botswana have shown that the ABC method has been effective in curtailing the spread of “HIV/AIDS” (Avert, 2005). In fact, the slogan was believed to have been first adopted by the Botswanan government in the late 1990s as part of a general public AIDS awareness campaign. However, there have been other variations with more specific definition of ABC by the US-funded PEPFAR initiative and UNAIDS, though with very little difference in meaning.
- b. **The Influence of Religion and Culture:** No effort to curb the spread of “HIV/AIDS” in Nigeria can afford to ignore the dominant influence of religion and culture. There is no doubt about the fact that the high secrecy attached to women’s sexual experiences through religious-cultural norms has contributed in no small way to women’s vulnerability to “HIV/AIDS”. No culture is immune to change, hence Nigerians must let go of the traditional notions of male chauvinism (Isiramen, 2003) citing Martin Foreman (Director of AIDS programme of the Panos Institute, London) opines that “the “HIV/AIDS” epidemic cannot be curtailed until men are persuaded to reassess their traditional concepts of masculinity. Without men, there would be no “HIV/AIDS” epidemic”.
- c. **Education and Information:** The role of qualitative education combined with accurate and timely information towards minimizing the spread of “HIV/AIDS” cannot be overemphasized. In Nigeria today, there are overwhelming evidences on the high rate of women among the statistics of the illiterates and uninformed. When women are not educated

and consequently well informed, they fall easy prey to all the excesses of the chauvinistic male-dominated society. In the light of this, there is the urgent need to replace the secrecy surrounding sexual relations with effective and timely information and qualitative education. In this respect, we advocate for the inclusion of sex education in our school curriculum. It is also useful to stress that education means empowerment, hence women should be empowered to make decisions about all aspects of their lives, especially about the use of their bodies. They must be encouraged to resist those negative aspects of socio-cultural and economic pressures, while religious leaders should provide the correct interpretation of the various holy books (the Holy Qur'an and Bible). After all Islam in particular is the religion that has accorded women high status in the history of mankind. Islam saved the girl-child from being buried alive, a barbaric practice of the Arabs during the pre-Islamic era. Islam is kind to women in adolescence because she is granted rights of inheritance and the right to be educated and in old age, Islam adores women with garment of honour and dignity (Dindi, 1994).

- d. **Poverty Alleviation/Eradication:** While it is essential to stress that absolute poverty can be eradicated, relative poverty on the other hand can only be alleviated. Which ever angle we may take, it is very crucial to observe that it is possible to stop the spiraling crisis of "HIV/AIDS" by attacking head-on this monster called poverty. "Sadly, we have burgeoning number of our citizens living below the poverty line, while many others could safely be referred to as "living dead". With no job, no food, no hope, the devil easily engages otherwise vibrant youths in devilish activities, (the easiest being prostitution). Consequently, we all are common losers in the pauperization and dehumanization of the bulk of our citizens through economic theories which speak of macro and micro-effects of policies which sadly neglects and negates the common sense economic theory that democracy must start with the stomach" (Daily, Sun, 2006). In the light of this, improved and intensified poverty efforts on the part of policy makers to promote equitable growth, generate employment, raise incomes, improve agricultural production, promote and expand informal sector livelihood. Nigeria can safeguard her current development achievements through effective integration of "HIV/AIDS" activities into her overall development agenda. Also each sector of the economy should take into account the issue of "HIV/AIDS" in their development plans through the introduction of measures that will sustain public sector functions.
- e. **Work-place Legislation, Provision of Social Services and Justice:** Given the current conducive political environment, the time is ripe for the policy makers to explore innovative ways of maintaining and rebuilding capacity towards containing the epidemic. In addition, effective and efficient labour and social legislations should be put in place in order to boost people's rights, i.e. a National work-place policy on "HIV/AIDS", while more effective ways of delivering social services should be aimed at those that are worst affected by the epidemic, i.e. the widows and orphaned children. There should also be legislation on good homes for the widows and those orphaned by the epidemic. In the same vein, legislation should be made for adoption of these orphans.
In addition, if the battle against "HIV/AIDS" is going to be victorious, the need to maintain security, justice and democratic governance cannot be under estimated. In this respect the government should create a conducive environment that is confidential to enable people voluntarily present themselves for free counseling and testing. When the majority, if not everybody are aware of their "HIV/AIDS" status, it will help to control further spread.
- f. **Empathy and Love for those already affected and infected:** We have noted earlier that the issue of stigmatization is more deadly than the virus itself. Stigma devalues intervention for support, reduces sense of self-esteem and pride. One culture in Nigeria used to be such that we are our

“brother’s keepers”. Nigerians are known for their love and affection for family ties and relationships especially during crisis period. No doubt, those already affected are seriously in daring need of love affection and understanding. Let us unite in our solidarity and dream that it is possible to have an “HIV/AIDS – Free – Generation” by empathizing with those already carrying the virus. It is not a death sentence as it was originally portrayed through sensational reporting by the mass media. We should not pity, scorn, despise or shun the infected if we all exhibit a positive attitude to these people infected, it will go long way in prolonging their life time. Hope should be communicated for their survival and encouragement. We should also note that with or without “HIV/AIDS” death will come one day. Let us all stretch a hand of love to our kit (s) and other affected neighbor (s) alike.

- g. **Capacity Building:** The need to provide relevant capacity for those already affected cannot be overemphasized. DOLLING out stipend is only a temporary measure, but teaching them requisite skills will create a double-edged-sword, i.e. it will go a long way in reducing their emotional trauma and boredom, while at the same time empowering them economically. It is gratifying to note that a number of Non-Governmental Organizations (NGOs) have taken steps in this direction, but a lot still need to be done, especially by philanthropists and the Civil Society at large.

6. Conclusion

There is no doubt about the fact that the initial negative presentation by some medical personnel and the sensational captions by the Nigerian Mass Media on the so-called dead-sentence nature of the “HIV/AIDS” epidemic made it so scary that people found it difficult to accept its presence on time, hence its sporadic spread and consequently stigmatization of those affected. Thus lack of effective communication, information and acute ignorance has combined in no small measure to fuel the spread of “HIV/AIDS” in Nigeria. The fight is still raging, while the tide is still very high, but there seems to be hope at the end of the tunnel, especially given the general global concerns (Global Funds) and that of the current democratic government (NACA) in the struggle to reduce the epidemic. Nevertheless, we strongly believe that the spiraling case of “HIV/AIDS” can be stopped if there is a permanent solution to poverty generally and as it affects women in particular. In addition, religious organizations need to intensify efforts towards combating the epidemics. It is our belief that if leaders imbibe the political will and are transparent, honest, and accountable, by putting their minds and will into its permanent extermination, the dream of actualizing the Millennium Development Goals will be triumphantly attained, while Nigeria will lead the Committee of African Nations with respect to having future generations that are “HIV/AIDS-Free”. It is on this note we conclude the paper.

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