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Effects of HIV/AIDS on Demographics in Anambra State, Nigeria

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Abstract

Anambra State is rated fifth in Nigeria's HIV prevalence and first in the South East Zone with a 2.4 prevalence rate, which is above the 1.4 National prevalence. Among adults, aged 15-64 years, HIV prevalence varied by state across South East Zone, ranging from 2.4% in Anambra State to 0.8% in Ebonyi State. HIV prevalence was highest among females aged 35-39 years at 3.9% and the highest among males aged 45-49 years at 3.3%. The HIV prevalence gender disparity between females and males was greatest among adults aged 35-39 years, with females (3.9%) having 3 times the prevalence of males (1.3%) in the same age group. The objective of this paper is to critically examine the effect of HIV/AIDS on the various demographics in Anambra State and its drivers. The proper understanding of these effects will help to situate the major HIV/AIDS intervention programs in Anambra State. The study employed Marxist feminism and Social Exclusion Theories to explain the effect of HIV/AIDS on various demographics in Anambra State. Purposive sampling techniques were adopted for the selection of the key stakeholders that were interviewed. The primary data were collected through Key Informant Interviews (KII) and In-depth interviews (IDI). The results of the study were analyzed using content analysis. The findings revealed that the level of social exclusion and stigma is still high in the area. It equally showed that Women and Youth are the most affected and they face a double vulnerability from the links between poverty and exclusion and

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HIV/AIDS. The study further exposed that the effect on the community's traditional social security system is primarily felt at the household level. In addition, it revealed that poverty and HIV/AIDS are closely linked. Poverty prevents the establishment of needed prevention, care, support, and treatment programs. It also reduces access to information, education, and services that could reduce the spread of the virus. The study therefore recommended that more economic empowerment programs should be developed for People Affected by AIDS and People Living with HIV/AIDS, as well as other people in absolute poverty. Also, the capacity of NGOs, FBOs, and CBOs to develop sustainable impact-mitigation programs for those infected and affected should be strengthened. Trade unions, professional associations, and artisans as well as the private sector should be encouraged to come up with programs that would help reduce the socio-economic effect of HIV and AIDS on their members who are infected or affected.

Keywords: Demographic, HIV, AIDS, Effect

INTRODUCTION

Human Immunodeficiency Virus (HIV), the virus that causes AIDS (acquired immunodeficiency syndrome), is one of the world's most serious health and development challenges. According to UNAIDS (2022), the Global HIV Statistic 2022 fact sheet revealed that 38.4 million people were living with HIV in 2021, up from 30.8 million in 2010, the result of continuing new infections and people living longer with HIV, and tens of millions of people have died of AIDS-related causes since the beginning of the epidemic. Furthermore, UNAIDS (2022) Global AIDS Update; In Danger, shows that many people living with HIV or at risk for HIV infection do not have access to prevention, treatment, and care, and there is still no scientific cure. UNAIDS (2022) HIV/AIDS Fact sheet revealed that the first case of AIDS was reported in May 1981 in the United States of America by Dr. Michael Gottlieb of the Medical School of Los Angeles, United States, and was followed by an official report by the Centre for Disease Control (CDC) on June 5, 1981.

On the African Continent, HIV/AIDS was first reported in Uganda, East Africa in 1982. Based on the Federal Ministry of Health report (2011), the first two cases of HIV in Nigeria were identified in 1985 and were reported at an international AIDS conference in 1986. UNAIDS and the National Agency for the Control of AIDS (2019), estimate in the national HIV/AIDS Strategic Framework, that Nigeria ranks 4th in global HIV with estimated 1.9 million people still living with HIV. The differentiation of HIV prevalence by the state indicates an epidemic that is having a greater impact in certain areas of the country. Despite the declining prevalence/low prevalence, HIV/AIDS in Nigeria remains a public health concern.

According to NACA (2021), Anambra State has an HIV prevalence of 2.4%. The Executive Director, of Anambra State Aids Control Agency (ANSACA), in the Punch newspaper (September 19, 2022) revealed that Anambra state is the fifth highest in Nigeria in terms of HIV transmission among people between 15 to 49 years. He lamented the situation saying that "The agency is working tirelessly to ensure its reduction or elimination by promoting behavioural change in both low and high population, increase awareness and sensitisation among the general population". The state Commissioner for Health, on his part, called for more efforts to reduce HIV transmission in the state. He stated that the pattern of transmission of the disease has made prevention a bit difficult in the state. All these concerns made this study timely and relevant to the current incident of HIV/AIDS in Anambra State.

Statement of the Problem

According to NACA (2021), Anambra State has an HIV prevalence of 2.4%, which is higher than the national prevalence rate of 1.4. With this prevalence rating, Anambra is rated fifth in Nigeria and first in South East Nigeria in HIV prevalence rating. Many studies on HIV/AIDS in Anambra have focused on attitudes, stigma, and care and support. Likewise, on high-risk groups – sex workers, male clients of sex workers, and intravenous drug users, and biomedical perspectives (hospital care, and health workers). However, none has critically considered the effect of HIV/AIDs on the demographics in Anambra state. This study carefully examined the effect of HIV/AIDS on the Individual, Family and Community. It also brought to light, how both genders felt the effect of HIV/AIDS in the State, and the degree of impact on infants, children, youth and adults in the State. This study closed this gap by carefully x-raying the crucial connection between poverty and the incidence of HIV/AIDS in the various demographics in Anambra State.

The practical aspect of this study highlights how poverty and lack of proper education have perpetrated the effect of the disease on the various segments of the community in Anambra state. The findings show that the level of social exclusion and stigma is still high in the state. Women face a double vulnerability from the links between poverty and exclusion and HIV/AIDS. The scientific aspect of this study revealed that the demographic effect of HIV and AIDS is heavy as the burden of the disease is usually felt virtually in all facets of life as it affects social interaction, economic enterprise, and infrastructural development. Particular importance is the way the disease is spreading amongst the youth and women who are in their productive and reproductive ages and constitute a large percentage of the population in Anambra and Nigeria at large. This study recommends that Public health officials and policymakers in the state should focus more on culture-based awareness campaigns in the state to enlighten people on HIV/AIDS and how it is contracted

and transmitted. This would increase the level of knowledge of the disease and change their negative perception.

Objectives of the Study

The objective of this study is to examine the effect of HIV/AIDS on demographics and its drivers in Anambra State.

Conceptual Framework

Demographic

Britannica Dictionary defines demographic as the qualities (such as age, sex, and income) of a specific group of people, or relating to the study of changes that occur in large groups of people over some time. According to the National Library of Medicine United States, demographics are nothing more than characteristics of a population. Demographic factors are responsible for the differences in HIV prevalence in Anambra State.

HIV

According to the World Health Organization (WHO), Human immunodeficiency virus (HIV) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). If untreated, a person's immune system will eventually be destroyed.

AIDS

According to World Health Organization (WHO) Acquired Immunodeficiency Syndrome (AIDS) refers to a set of symptoms and illnesses that occur at the final stage of HIV infection. Peltzer (2002) classified AIDS as the deadliest sexually transmitted disease ever to confront humans. He indicated that the Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS).

LITERATURE REVIEW

Effects of HIV/AIDS on Demographics and Drivers in the Developing Society

Ogidi (2011) asserted that the spread of HIV is encouraged due to the prevalence of certain socio-economic practices in non-western societies, including Africa. He explained that the lower status of women in Nigeria acts as an impetus for HIV infection.

Many of these women who are poor and less educated have little or no means of livelihood. And their disadvantaged economic status/position often leads them to engage in unproductive sexual acts with men. Similarly, some married young women may submit to men's sexual demands because they fear being beaten or they are in subordinate positions and have no option to say no. Women with little power (economic power) may not be able to refuse sex or to ask

their partner to use a condom, for fear of being divorced or sent out of the matrimonial home (Ogidi, 2011 page 248)

Also, Akinrinola (2004) admits that;

Adolescents in many countries within the Africa region face rural underdevelopment, widespread poverty, poor educational opportunities and limited access to radio, television and newspapers (possible sources of information about HIV/AIDS) and more sympathetic, is the case of Orphaned girls who may face increase pressure to marry or turn to "sugar daddies". He further noted that the low levels of educational status of many young people act as a hindrance for them to avoid HIV infection. "Education is closely linked to a young person's ability to avoid HIV/AIDS in several sub-Saharan African countries, a higher proportion of unmarried adolescents who are not in school than of them in-school counterparts engage in unproductive intercourse (Akinririola, 2004 page 89)

The World Youth Report (2003) revealed that the practice of having multiple spouses occurs in many African countries. A husband may have sexual contact with several women in the process of seeking a new wife, potentially bringing HIV home. In addition, wife inheritance or levirate marriage persists in some parts of Nigeria. This is a tradition in which a woman is given to her brother-in-law upon her husband's death. Either partner may be at risk of HIV infection if the other is infected. Younger widows are particularly at risk because they are more likely to be sought. Hilhorst, (2006) identified that stigma and discrimination present problems for the effectiveness of prevention efforts, the willingness of people to know their HIV status, the care and support provided, and the uptake and adherence to antiretroviral treatment (ART).

In a baseline survey, UNFPA (2005) found that there is higher discrimination in the workplace than within the family. The report indicates that the majority of respondents would be willing to care for relatives living with HIV and AIDS but relatively fewer proportions would be ready to work with infected colleagues. For example, whereas 80.8% of male respondents in Sokoto State would take care of infected relatives, only 44.9% of them would work with infected colleagues. It also shows more males would care for relatives living with HIV and AIDS than females, except in Delta and Plateau States. Stigma and discrimination have caused persons living with HIV and AIDS to lose jobs, positions and status in society leading them to economic and social hardships.

The immediate impact of HIV and AIDS on the family (or household) is on the household's income and consumption spending. The study carried out by UNDP (2009) in the six geo-political zones in Nigeria indicated that households are affected by HIV and AIDS in different ways like, loss of income when a breadwinner stops work due to sickness or death (this is a permanent impact) or when a breadwinner has to stop work to look

after a sick family member (this is temporarily or transient impact), increased dependency ratios (the number of non-working members supported by income-earning household members); additional expenditure, on health care and eventually, funeral costs (which is transient) (UNDP (2009)

At the individual level, apart from the loss of income by the households affected by HIV and AIDS, stigmatization poses a very significant threat to progress. Hilhorst, (2006) in their study of Benue State pointed out that stigma was expressed in terms of fear of infection and death, also showing the low level of knowledge about transmission routes. "In half of the studied communities, including villages with medium or high prevalence, local leaders denied that people living with AIDS were present, out of fear that their village would be stigmatized as an 'AIDS community''. In some communities in Nigeria, women bear the brunt of the blame for transmitting HIV and AIDS. Widows are more often blamed for the death of their husbands and discriminated against than widowers when AIDS is suspected to have caused the death of the spouse. Unlike widows, widows remarry relatively easily, although they may have to look for new wives away from their communities. Hilhorst, (2006).

Theoretical Framework

Marxist Feminism and Social Exclusion Theories were adopted to explain the effect of HIV/AIDS on demographics in Anambra State. Marxist feminism analyses how women are exploited through capitalism and the individual ownership of private property. Marxist feminist authors in the 1970s, such as Margaret Benston and Peggy Morton. Marxist feminism's foundation is laid by Engels in his analysis of gender oppression in 'The Origins of the Family, Private Property and the State'. He claims that a woman's subordination is not a result of her biological disposition but of social relations and that the institution of family as it exists is a complex system in which men command women's services. Gender oppression is reproduced culturally and maintained through institutionalized inequality. By privileging men at the expense of women and refusing to acknowledge traditional domestic labour as equally valuable, the working-class man is socialized into an oppressive structure that marginalizes the working-class woman.

This validated Ogidi's (2011) assertion that the spread of HIV is encouraged due to the prevalence of certain socio-economic practices in most African countries. He explained that the lower status of women in Nigeria acts as an impetus for HIV infection "For many of these women who are poor and less educated have little or no means of

livelihood. Moreover, their disadvantaged economic status often leads them to engage in unprotected sexual acts with men.

Social Exclusion Theory

The concept of "social exclusion" was first popularised in 1974 in France, by René Lenoir the then Secretary of State for Social Action and was used to refer to the "physically disabled", the "mentally disabled" and the "socially maladjusted". Early theories of social exclusion came from the work of the French sociologist Emil Durkheim and his influential book, Suicide (1897). Durkheim termed social exclusion as anomie which he viewed as a breakdown of social bonds between an individual and the community that result in social alienation and the fragmentation of social identity. Social exclusion or social marginalization is the social disadvantage and relegation to the fringe of society. The outcome of social exclusion is that affected individuals or communities are prevented from participating fully in the economic, social, and political life of the society in which they live, (Young, 2000).

Peter Piot, executive director of UNAIDS identified stigma as a continuing challenge that prevents concerted action at community, national, and global levels (Piot, 2000). They usually build upon and reinforce pre-existing fears, prejudices and social inequalities about poverty, gender, race, sex and sexuality, and so on. Just like other forms of stigma, AIDS-related stigma also results in social exclusion, scapegoating, violence, blaming, labelling and denial of resources and services meant for the consumption of all Bharat, (2002). Throughout the world, HIV/AIDS-related stigma is known to have triggered a range of negative and unsupportive reactions. Various contexts - family, community, workplace, and health care setting have been identified where stigma and discrimination are known to occur (UNAIDS, 2001).

A social exclusion approach has been used to understand the current level of social, educational, economic, cultural, legal and service-oriented disadvantages HIV/AIDS-affected people have been facing for years. This shows the utility of applying a social exclusion theory to HIV/AIDS-affected people

RESEARCH METHODOLOGY

Purposive sampling techniques were adopted for the selection of the key stakeholders that were interviewed. The researcher reviewed the relevant literature and past studies on the demographic effect of HIV/AIDS. The relevant stakeholders were interviewed using Key Informant Interview (KII) and In-depth Interview (IDI). This survey design is suitable for this study because of the nature and peculiarity of the study. Anambra is rated fifth with a 2.4 prevalence rate in Nigeria states with the highest number of HIV/AIDS Patients with over 92,078 said to be living with HIV/AIDS in the state (NACA 2022) fact sheet on HIV/AIDS. The study population comprises the Anambra State Agency for the Control of HIV/AIDs, Anambra Ministry of Health, Anambra State

HIV/AIDS support groups and Caregivers. Purposive sampling was used to select the sample size for the interview. The sample size of twenty (20) was selected across the support group (5), Caregivers (10), Anambra State Ministry of Health (2) and Anambra State Agency for the Control of AIDS (2) and Anambra State HIV/AIDS Support Group Coordinator (1). The primary data were collected using an In-depth Interview and Key Informant Interview. The Data was analyzed using an in-depth summary and content analysis.

DATA PRESENTATION AND ANALYSIS

The effects of HIV/AIDS on demographics in Anambra State are dense as the burden of the disease is usually felt virtually in all facets of life as it affects social interaction, economic enterprise, and development. Particular importance is the way the disease is spreading amongst the youth and women who are in their productive and reproductive ages and constitute a large percentage of the population in Anambra State and Nigeria at large. Poverty and HIV/AIDS are closely linked. Poverty prevents the establishment of needed prevention, care, support and treatment programs. It also reduces access to information, education and services that could reduce the spread of the virus (UNFPA 2003). HIV/AIDS also generates poverty. As those with the virus fall ill and die, a family or community loses much-needed human capital or productive resources. In Anambra, poverty has been one of the main propellants of the spread of HIV/AIDS Makinwa-Adebusoye (1991). It also aggravates the already harsh repercussions of having HIV. The lack of good and affordable healthcare facilities or the inability of people to pay for healthcare services means that the medical needs of HIV/AIDS patients cannot be met. One of the Caregivers interviewed in the in-depth interview said:

We do not have these facilities; people have to travel for eight hours to attend the hospital in the local government headquarters. Another respondent talking about the impact of HIV/AIDS said: It affects child education adversely; it lowers the income of such household, Lack of authority or control in the household and children in case of the death of the father. It causes poverty and increases in expenditure. (Respondents from In-depth Interviews)

The moment a member of a family tests positive for HIV every member of that family shares in the attendant problems. The resources that would otherwise be channeled to worthwhile ventures would be spent on treatment and taking care of the patient. Women may have to quit their work temporarily or permanently to care for the sick, while

children may drop out of school due to the lack of money to pay for myriad school expenses. The number of widows/widowers would increase. Orphans and widows end up with little or no resources. Female orphans could be forced into early marriage. Out of the ten (10) people interviewed in the in-depth interview, seven (7) agreed that when parents die of HIV/AIDS the impact on their children could be thus:

Boy child are prone to join secret cults, Girl child are prone to join prostitution, they will be school dropouts, they are emotionally disturbed and not stable, No good food for them, and they will lack quality health care. (Respondent from an in-depth Interview)

One of the support group members acknowledged during the IDI that sending their children out to work and sell things at the market or by the roadside may be dangerous, but noted that it was necessary due to poverty.

We are trying our best, but because of hardship, we could not do anything to pay their fees and look after them, that is why we send them to go and sell, to go and help us to work, it makes it look like it is child abuse, but it is because of hardship"(A respondent from In-depth interview)

In some families and cultures, widows are forced to continue bearing children for their late husband's relatives and in the process could get infected, and could give birth to infected children and/or die leaving behind infected children; thus increasing the socio-economic burden on the extended family. When the researcher asked one of the respondents in an In-depth interview, what has been the impact of HIV/AIDS on the quality of life of children in this community? He responded thus:

Training of children will be difficult if one of the parents dies but if alive, they will train the child well, when both are dead of HIV/AIDS, it will be a disaster. If these orphans are not properly taken care of, it may cause long-lasting societal problems. (A respondent from In-depth interview)

Ojukwu (2003) documented that women of childbearing age are particularly vulnerable to HIV infection. Moreover, a large number of pediatric HIV infections are reported due to mother-to-child transmission (MTCT) of HIV during pregnancy, delivery and breastfeeding Castetbon (2000). The study also found that blood transfusion is responsible for HIV infection in women who receive replacement blood for loss during delivery. They therefore suggest that routine screening of HIV infection should be encouraged and sustained to identify these high-risk children on time. One caregiver from Awka responded in an in-depth interview conducted by the researcher thus:

It takes my time to care for them and reduces my little income as I give them little money support. The expenses on medical care would also increase. ***(In-depth interview response)***

Canning (2006) found that in Oyo State, among the households that experienced hospitalization in the last year, those with HIV-positive members (29.9 percent) were much more likely to sell assets to finance in-patient care than those without HIV-positive members.

It has cost me my time because most time 'I am always in the house to look after myself and also my brother. In my case, it is home-based care, I don't go out to work and do any other thing. Most time most of the money I make I use it to take care of myself. Because of taking care of my brother, I find it difficult to concentrate on other activities. In my case, I always have emotional disturbances (a caregiver respondent in an in-depth interview).

In dealing with the burdens of HIV/AIDS, people lose time and opportunities they might otherwise have had in a world without this disease. The resilience of farming and livelihood systems diminishes, vulnerability to food shortage increases, and households have less of a capacity to recover from the disasters that occur. The Executive Director, of Anambra State Aids Control Agency (ANSACA), during a Key Informant Interview (KII) revealed that:

The impact of HIV/AIDS has been particularly harsh in Anambra State. It is well known that the disease wreaks greater havoc where there is poverty, social inequity and general political marginalization. Inadequate health systems prevent the management of the epidemic. Also disturbing is the limited access to anti-retroviral therapy. (ANSACA informant response in a KII)

The Coordinator of Anambra State Support Group in a KII highlighted the following; the effects of HIV disease as it affects the family of those who are infected were identified as stigmatization to the family and loss of respect from the community. It causes thinking, frustration and sadness by the spouse and the family member of the person infected by the disease and also great loss of family income with attendant high chances of poverty setting into the family. The Coordinator Anambra State chapter of the HIV/AIDS Support group captures it thus:

One would expect that infected persons would feel more comfortable in a community setting than in a hospital. But being infected seems to have the

impact of destroying the community spirit. Even when individuals offer to help, they are burned out since they still have to attend to their other businesses such as farm work and similar ventures. (Informant Response from KII)

The community feels the economic effects of AIDS in different ways. Adeyeye (2006), using FGD among women affected by AIDS, found out that in Oyo and Osun States, 85 percent of the women expressed concern about the loss of the labor force in the community. They claimed that due to this loss, food availability had decreased in many households and the local markets. Ninety-five (95) percent indicate a decline in food security, while 75 percent of the women indicated orphanage as a problem resulting from AIDS. Out of 10 Caregivers interviewed in the In-depth interview 10 said that It is time-consuming to take care of PLWHA, especially in the early stage that it consumes almost 5 hours a day, It is highly expensive, and income forfeits to care for them, It destabilized them emotionally and psychologically. In some cases, one may get sick due to weakness and other emotional disturbances. AIDS can culminate in social unrest.

The number of street children may increase with the female children being at greater risk of sexual abuse, increased social vices, increased child labour via street trading and taking up regular menial jobs. A social problem generating serious concern is the prevalence of commercial sex workers patronized by businessmen in Onitsha. (An informant from the Ministry of Health in a key informant interview lament)

According to the representative of Anambra State Ministry of Health in a key informant interview, some of the factors that make women vulnerable to the effects of Aids are – Female circumcision, Female fertility testing, Transferable marriages (wife inheritance), Polygamy, Oath taking, Shaving of the widow's hairs and pubic hairs, Values on morality by our society. The Anambra State Commissioner for Health validated the above points in his response during the KII as thus:

The difference in prevalence rates between men and women can be partly accounted for by their biological differences. During sexual intercourse, abrasions or injuries in the vagina are more than those on the penis, particularly during violent or coerced sex. This is more serious in the case of younger girls, whose vaginal canals are not fully developed and are prone to tears and abrasions. Women tend to have a higher rate of genital ulcers, which facilitate HIV transmission. (Informant response from a KII)

According to a 40-year-old mother of four, who was infected with HIV/AIDS by her partner and unfortunately passed it on to her youngest child who is now 13, in an in-depth interview said:

> ***The government of Nigeria does not care if you get yourself infected you are on your own, the government is only concerned about***

remaining in power and the next election. (Response from an in-depth interview)

Cohen (1998) claims that poor women who head poor households often engage in commercial sexual transactions, sometimes as commercial sex workers but more often on an occasional basis as a survival strategy for themselves and their dependents. Adeyeye (2006) also found that in Oyo and Osun States, 20 percent of HIV-affected women were using sex (in exchange for money, food, and clothes) as a means of coping with poverty. This has some implications for reducing the rate of AIDS infection, because those casual sexual partners may lack information about the HIV status of the women. According to a respondent from the In-Depth interview, talking about the plight of a widow in Awka who lost her husband from AIDS:

Her husband's brothers inherited her husband's property because she has no authority over the property. No financial help from anyone to cater for the family. This will lead her to start prostitution. (A respondent from IDI)

DISCUSSION OF FINDINGS

The analysis of the findings showed that the effect of HIV/AIDS varies in Anambra State. There is a disparity in how it affects the different segments of the State. The majority of the women in the state expressed frustration over the discrimination they had been exposed to in their various villages after people heard that they were HIV-positive. One woman, who tried to earn a living through casual labor, spoke for all her HIV-positive colleagues when she said: *'People don't want to employ us when they hear that we are infected'.* There are many ways in which HIV & AIDS have affected the youth in the state, one of such is school dropout. There is an increase in the number of school dropouts, and child-headed households. Another critical issue is the incident of child abuse and the loss of children who could have been infected at birth. Some studies, like that of Okoli (2007), have shown that the effect of HIV and AIDS includes a decrease in children's school enrolment and an increase in children dropping out of school. When young people lose both parents, they may be forced to take care of themselves at ages when they are less prepared for it. According to a representative from the Anambra State Ministry of Health, children of parents with HIV/AIDS sometimes are rejected from and excluded from schools, even though an HIV test was not carried out on them. This indication of discrimination violates children's right to education.

The study further revealed that Women and Youth are the most affected and they face a double vulnerability from the links between poverty and exclusion and HIV/AIDS. The study further exposed that the effect on the community's traditional social security system is primarily felt at the household level. In addition, it revealed that poverty and HIV/AIDS are closely linked. Poverty prevents the establishment of needed prevention, care, support, and treatment programs. The study equally indicated that the prevalence of HIV & AIDS among women exceeds the level among men in Anambra States. In the state, for instance, the HIV prevalence rate among teenage girls far exceeded the prevalence among same-age boys.

CONCLUSION

The poverty level in Anambra is still high and given the possibility of a positive correlation between poverty and HIV and AIDS, its negative effect is still likely to increase. Furthermore, due to the level of poverty in the State, many families who have people living with HIV and AIDS are unable to access care and treatment from their wards due to high transportation costs to the few urban-based ARV distribution centers. There are no systematic and properly articulated social and economic activities for mitigating the effects of the disease on the PLWHA. This could be because the State has yet to carry out any studies on the socio-economic impact of the disease.

The study suggests that the effects of AIDS on women, youth and households can be reduced to some extent by publicly funding programs to address the most severe problems. Such programs have included home care for people with AIDS, support for the basic needs of the households coping with AIDS, foster care for AIDS orphans, food programs for children, and support for educational expenses. Such programs can help families particularly children survive some of the consequences of an adult AIDS death that occur when families are poor or become poor as a result of the costs of AIDS.

RECOMMENDATIONS

i. More economic empowerment programs should be developed for the PABAs and PLWHA, as well as other people in absolute poverty.

ii. The capacity of NGOs, FBOs, and CBOs to develop sustainable impact-mitigation programs for those infected and affected should be strengthened.

iii. Trade unions, professional associations and artisans as well as the private sector should be encouraged to come up with programs that would help reduce the socio-economic impact of HIV and AIDS on their members who are infected or affected.

iv. The most effective response to the effect of HIV will be to support programs to reduce the number of new infections in the

future. The national response should continue the provision of information, education and communications; voluntary counseling and testing; condom promotion and availability; expanded and improved services to prevent and treat sexually transmitted diseases; and efforts to protect human rights and reduce stigma and discrimination.

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