

Impact of AIDS in West Africa: The Nigerian Society

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Abstract

Nigeria has experienced a tremendous impact from HIV/AIDS on both a personal and societal level. The report presents a comprehensive problem overview referencing existing research, relevant literature, and expert insights. Due to HIV/AIDS, the Nigerian healthcare industry has experienced significant difficulties. With rising demand for testing, counseling, anti-retroviral medication (ART), and supportive care, the disease has strained healthcare resources. The disease has decreased production and resulted in a loss of human capital. The workforce has been impacted, which has reduced output across several industries, including agriculture. Concerns about the disease's prevalence have hurt foreign investment, preventing economic expansion and employment development. HIV/AIDS has impacted communities' social dynamics. Discrimination and stigma still exist, putting obstacles in support, treatment, and testing. The disease has put a strain on social welfare institutions, needing assistance for those who are afflicted and their families. Fighting the epidemic and lessening its effects require coordinated efforts from the government, civil society organizations, healthcare providers, and communities.

Keywords: HIV/AIDS, Nigeria, impact, healthcare, economy, community, stigma, prevention, treatment.

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1. Introduction

Globally, all social and racial groups have been impacted by the spread of the HIV/AIDS infection for more than 35 years, which has substantially impacted the health, welfare, employment, and criminal justice sectors. "HIV" stands for Human Immunodeficiency Virus, a virus that weakens the immune system (ILO, 2015). "AIDS" refers to the acquired immunodeficiency syndrome, defined by HIV-related malignancies, opportunistic infections, or both. It develops due to severe HIV infection (ILO, 2015). HIV can be transmitted through blood, breast milk, semen, and vaginal secretions from a person with HIV (WHO, 2023). It can also pass from a woman to her unborn child. Kisses embraces, or sharing meals do not spread it. Its symptoms include chills, night sweats, rash, fever, sore throat, mouth ulcers, swollen lymph nodes, fatigue, etc.

During the early 1980s, the first HIV case was discovered, but according to experts investigating the spread of the disease, in the 1960s, there could have been approximately 2,000 cases of HIV infection in Africa (BHM, 2015). In 1985, Nigeria saw its first two cases of AIDS, which was then reported in 1986 in Lagos, one of whom was a 13-year-old female sex worker from a country in West Africa (Awofala & Ogundele, 2016; Nasidi & Harry, 2006). According to the Nigerian National Agency for the Control of AIDS (2014), heterosexual intercourse accounts for approximately 80% of HIV infections, with the bulk majority of the remaining cases of HIV occurring among critically affected populations. Other forms of transmission, such as the use of intravenous drugs and same-sex intercourse, also started to gain prominence (Awofala & Ogundele, 2016; Nigeria National Agency for

the Control of AIDS, 2010b). Nigeria had a countrywide HIV prevalence of 1.4% among individuals 15 to 49 years old as of 2019, and according to estimates from UNAIDS and the National Agency for the Control of AIDS, Nigeria is populated by 1.9 million persons who are HIV positive (UNAIDS, 2019). Additionally, women aged 15 to 49 have a higher than average likelihood of having HIV than men (1.9% versus 0.9%) (UNAIDS, 2019). The prevalence of HIV/AIDS among young individuals aged 15 to 24 was 4.2%, according to statistics from the Nigerian AIDS Control Agency (NACA) (Ogunyemi et al., 2022). In the globe, Nigeria has the second-highest rate of HIV/AIDS prevalence.

Policies, legislation, agencies, and organizations have been developed in Nigeria to stop the spread of HIV/AIDS and lessen its effects. The National AIDS Control Agency (NACA) in Nigeria oversees the development of national HIV response policies and programs. The State AIDS Control Agency (SACA), the Federal Ministry of Health (FMOH), and the Ministries of Health in each of the 36 states that make up the Federation are additional important partners (Odimegwu, 2017). The present HIV/AIDS policy in Nigeria was introduced in 2009, and one of its guiding concepts was to protect the rights of HIV-positive individuals and work to reduce stigma and prejudice (Odimegwu, 2017). The HIV and AIDS Anti-Discrimination Act 2014 was first presented to the National Legislature in 2005, and in April and November of that same year, it was approved and made law (Odimegwu, 2017).

The development of HIV/AIDS in Nigeria has had a devastating impact on not only people but also communities and the economy. This article aims to examine the impact of HIV/AIDS in Nigeria and identify how it impacts individuals, the economy, healthcare systems, and the societal stigma associated with living with the disease.

2. Research Objectives

- A. Examine the socioeconomic effects of AIDS on Nigerian communities by assessing how it impacts them on a personal, familial, local, and societal level.
- B. Examine the prevalence and incidence of HIV/AIDS in Nigeria while accounting for the dispersion across various regions, age groups, and genders.
- C. Examine the bias and stigma in Nigerian society towards HIV/AIDS and propose strategies to reduce stigma and improve inclusivity.
- D. Examine Nigeria's existing HIV/AIDS policy, legislation, and other laws.

3. Literature Review

3.1 Impact on the Economy

HIV/AIDS can be a significant threat to the development of an economy. Due to its impacts on the labor force, healthcare system, and general productivity, HIV/AIDS has significantly affected the economy of Nigeria. According to research, a 1% increase in HIV/AIDS will cause Nigeria's real GDP to decline by 2.19% (Maijama'a & Mohammed, 2013). In Nigeria, HIV/AIDS has resulted in a considerable loss of human capital, and several economic sectors have suffered due to the loss of skilled and experienced workers. The epidemic's focus on people of working age (ages 15 to 49) is one of its most notable characteristics, and it disproportionately affects those in key social and economic responsibilities (Cohen, 2002). The cost of domestic production rises due to increased wages brought on by a labor shortage. A shortage of foreign currency could emerge from a decrease in global competitiveness brought on by higher manufacturing prices (Bollinger et al., 1999). Additionally, there has been an increase in healthcare costs. Testing, counseling, anti-retroviral therapy (ART), and other medical interventions have required a sizable financial commitment from the Nigerian government and those afflicted by the illness. The already

tight healthcare budget has been squeezed by these rising healthcare expenses, which have also taken funds away from other health objectives. From a study done in 1999, it was found that 1-2 percent of patient rooms in teaching hospitals were occupied by AIDS patients, and only a select few could afford the monthly expense of treatment, which was estimated to be about N55,000 (about \$600) (Bollinger et al., 1999).

A crucial part of AIDS prevention is the transportation sector, which is also highly vulnerable to the disease. Teams of men are frequently dispatched to construct and maintain transportation infrastructure while they are away from their families for an extended period, increasing their likelihood of having multiple sexual partners (Bollinger et al., 1999). A significant percentage of transportation managers are highly qualified professionals who would be challenging to replace after their passing which had the government faced with the challenge of enhancing transportation as a key aspect of national development (Bollinger et al., 1999).

Finally, raising concern among foreign investors and additional strain on the welfare system due to Nigeria's high HIV/AIDS prevalence. The disease is viewed as a roadblock to economic growth and could deter international businesses/companies from investing in the nation. There are fewer formal sector jobs due to lower investment and worker productivity. As a result, some individuals will be forced into low-paying occupations in the informal sector and out of lucrative formal sector employment (Bollinger et al., 1999).

3.2 Impact on Individuals

When people have HIV, their immune system gradually deteriorates, leaving them more susceptible to opportunistic infections and illnesses. HIV can progress to AIDS, the most severe illness, if it is not properly treated and cared for. AIDS-related conditions can greatly

impact people's general health and well-being, frequently leading to early death. HIV/AIDS continues to be associated with stigma and discrimination in Nigeria. Two of the main challenges to successfully lowering HIV/AIDS infection are stigma and discrimination (Dahlui et al., 2015). PLWHA often feel isolated from the community due to stigma and discrimination, which has a detrimental effect on their quality of life (Dahlui et al., 2015). The prognosis for those with HIV/AIDS may be improved by Anti-retroviral therapy, but they still have to deal with stigma and exclusion from their coworkers, families, and communities because others are aware of their HIV status (Dahlui et al., 2015). This can result in individuals hesitating to receive testing, treatment, and support out of concern about being stigmatized, which can exacerbate the disease's spread. A family's connections may become strained, there may be communication problems, and there may be more emotional strain as a result of the HIV status being revealed. Due to stigma, prejudice, and the worry of transmission, people with HIV/AIDS may have trouble establishing and maintaining romantic relationships. An examination of the Nigeria Demographic and Health Survey (NDHS) 2013 data revealed that about half of Nigerians still had stigmatizing attitudes toward people living with HIV (Odimegwu, 2017; Dahlui et al., 2015). This was discovered to be connected to younger age, living in an urban area, not having a formal education, and being in the bottom quintile of household wealth (Odimegwu, 2017). Findings from FGD Lagos participants in Nigeria revealed that over 75% said life had become highly agonizing as a result of stigmatization from friends, family, healthcare professionals, and the job (Odimegwu, 2017). Stigma related to HIV continues to dominate the social response to HIV/AIDS despite improvements in HIV treatment and novel methods of public education (Ogunyemi et al., 2022).

3.3 Impact on the Community

There are more orphans and vulnerable kids as a result of HIV/AIDS-related fatalities in communities. Children who lose both parents to AIDS have several difficulties, including restricted access to necessities like food, shelter, and education. It heavily strains the community because it takes a village to support and care for these kids. In some cases, the responsibility of raising orphaned children falls on grandparents and other extended family members, placing a strain on their resources and adversely affecting their well-being. In many Nigerian communities, prejudice, and stigma are still associated with HIV/AIDS. PLHIV also experienced prejudice from their communities, including antagonism, social exclusion, and restrictions on family gatherings (Odimegwu, 2017). The widespread behavior of isolating and avoiding those who had the disease was greatly influenced by the fear of catching HIV. Members of the community considered that caring for someone who was HIV-positive was a waste of time and resources because HIV was considered to be more akin to a death sentence (Odimegwu, 2017). This stigma may make people reluctant to seek out testing, care, and support, increasing the transmission rate and making it more difficult to control the pandemic.

4. Research Methods

A systematic literature review was employed as the research strategy in this study, which is defined as a method for locating, assessing, and analyzing published information relevant to a certain research subject (Kitchenham, 2004). In this study, we analyze qualitative data obtained from a range of sources in this study to discover trends, patterns, and links related to HIV/AIDS. The term "qualitative research" refers to a broad range of interpretive methodologies that aim to describe, decipher, translate, and otherwise understand the

significance of particular more or less regularly occurring events in the social environment instead of their frequency (Al-Busaidi, 2008). The qualitative method accommodates data discrepancies and contradictions that portray social reality (Mcleod, 2019; Denscombe, 2010) and is descriptive and narrative.

5. Project Analysis

An aggregated systematic review is a thorough and meticulous research project that compiles information from various studies on a specific subject. To thoroughly assess the evidence, it employs a systematic and transparent methodology to locate, assess, and summarise all pertinent research findings. Aggregative reviews focus on gathering and pooling data, may employ methods like meta-analysis, and demand that phenomena be fundamentally comparable to aggregate data for study (Dixon-Woods et al., 2006). Focusing on summarising facts is one of its defining traits.

6. Project Implementation Summary

The study began with planning. The research topics were selected, and the objectives were specified; the next stage was locating publications and relevant papers to conduct a full analysis of the AIDS literature already available about Nigeria. This was accomplished by compiling a list of credible organizations, databases, and new sources that could be used as informational references. Data was then gathered and analyzed to identify the scope and depth of the research topic. The next step was to finalize the research design, which included the approach and methods. Right after this, I began composing the report while soliciting feedback from colleagues and peers. Lastly, the finalization of the research report.

7. Recommendations

To address the effects of HIV/AIDS on the Nigerian economy and its people, a comprehensive strategy that encompasses testing, treatment, prevention, and assistance for those affected is needed.

1. Encourage safe sex behaviors like the use of condoms and the limitation of sexual partners.
2. Encouraging testing for HIV and counseling so that infected people can be identified and treated.
3. Increase the availability of anti-retroviral medication (ART) for infected people to reduce the viral load and prevent virus transmission.
4. Provide education and awareness initiatives to minimize stigma and discrimination against people infected with HIV/AIDS.
5. Increase research and development funds for innovative treatments and preventative methods.
6. Help community-based groups that serve persons living with HIV/AIDS.
7. Implement initiatives and policies aimed at tackling the social and economic issues that contribute to HIV/AIDS spread, such as inequalities among men and women, poverty, and a lack of availability of healthcare.

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