

ILORIN JOURNAL OF SOCIOLOGY

ISSN 117 - 9481

Vol. 2 No. 2

NOVEMBER 2006

*A publication of the
Department of Sociology,
University of Ilorin,
Ilorin, Nigeria.*

**@ HAYTEE PRESS &
PUBLISHING COMPANY, ILORIN.**

09022604082 09052040054

ILORIN JOURNAL OF SOCIOLOGY

ISSN 117 – 9481

Vol. 2 No. 2

NOVEMBER 2006

**A PUBLICATION OF THE DEPARTMENT OF
SOCIOLOGY,
UNIVERSITY OF ILORIN,
ILORIN, NIGERIA.**

EDITORIAL BOARD

Dr. Joseph O. Fayeye	-	Editor-in-Chief
Dr. N. Yusuf	-	Deputy Editor-in-Chief
Dr. S. Metiboba	-	Associate Editor
Mr. R.A. Seniyi	-	Associate Editor
Mr. M.A. Adebisi	-	Associate Editor

EDITORIAL ADVISERS

Professor Mustapha C. Duze
*Department of Sociology,
Bayero University, Kano.*

Professor Patrick Edozor Igbinovia
*Department of Sociology and Anthropology,
University of Benin, Benin City.*

Professor Mark Anikpo
*Department of Sociology,
University of Port Harcourt, Port-Harcourt.*

Professor Femi Odekunle
*Department of Sociology,
Ahmadu Bello University, Zaria.*

Professor I.V.O. Modo
*Department of Sociology/Anthropology,
University of Uyo, Uyo.*

Professor Layi Erinoshio
*Social Science Research Institute,
Abuja.*

Professor E.A. Oke
*Department of Sociology,
University of Ibadan, Ibadan.*

Professor Omololu Soyombo
*Department of Sociology,
University of Lagos, Lagos.*

Professor Salisu Abdullahi
*Department of Sociology,
Bayero University, Kano.*

Saka Luqman is a Lecturer in the Department of Political Science, University of Ilorin.

Iwamine-Jaja, Darlington (Ph.D) is an associate Professor in the Department of Sociology, University of Port Harcourt.

Fawole, Adeniyi Olufemi is a Lecturer in the Department of Sociology, University of Ilorin.

TABLE OF CONTENTS

Title Page.....	i
Editorial Board.....	ii
Editorial Advisers.....	ii
Editorial Policy.....	iv
Notes on Contributors.....	v
 Jegede, Ayodele Samuel	 1
Equity and Access to Health Care in Nigeria: A Critical Review.	
 Adekeye, D. Shade (Mrs)	 30
The Impact of Human Immune Virus and Acquired Immuned Deficiency Syndrome (HIV) on Nigerian Women.	
 Lanre-Babalola, Folake Oluwabunmi (Mrs)	 42
Bureaucracy and Management of Patients in Hospitals.	
 Tanimu, Bashir	 54
The Political Economy of Drug Abuse Prevention and Control: A Marxian Explanation.	
 Gunu, Umar	 71
Evaluation of the Performance of Public Enterprises: The Case of Two States Transport Corporations.	
 Okafor E. Emeka and Yousouph, R. Olabisi.	 85
Implications of Globalisation and Casualisation for Manpower Development in Oil and Gas Sector in Nigeria.	
 Muhammed, A. Yinusa	 112
Globalization and Sub-Regional Pattern of Child Labour in West Africa: Some Excerpts from Nigeria.	
 Saliu, Hassan A.	 128
UN, USA and Boutros Boutros Ghali Saga Revisited.	

Abdullahi, Ali Arazeem	139
Antedotes Against Examination Malpractice as a Besetting Problem in Nigeria Educational Institutions.	
Ogunwale, Adeniyi John	158
Public Perception of Police Effectiveness and Propensity to Report Crime: A Case of Ilorin East Local Government Area of Kwara State.	
Onimajesin, S. Isiaka	176
Corruption in Nigeria: Implications, Complications and Control.	
Saliu, Hassan A. and Saka, Luqman	199
Electoral Process, Electoral Violence and National Security: The Nigerian Experience.	
Iwamirie-Jaja, Darlington	220
Criminology: Past, Present and Future State in Nigeria.	
Fawole, O. Adeniyi	244
Socio-Cultural Factors Affecting the Perception of Ill-Health in Nigeria.	
Steve Metiboba	257
Imperatives for Community Participation in Health Care Delivery System in Nigeria.	
Adeyeye I. Adebowale	266
Democratic Governance in Nigeria (1999 – 2006); Observations and Prescriptions.	

EQUITY AND ACCESS TO HEALTH CARE IN NIGERIA: A CRITICAL REVIEW

Ayodele Samuel Jegede
Department of Sociology,
University of Ibadan,
Ibadan, Nigeria

Abstract

This paper examines the structural context of the Nigerian health system, knowledge of social order, and of how and why societies cohere, being the central concern of sociology. All societies, whether primitive or modern, are concerned with the problem of order. Using documentary and internet sources of data collection, particular attention is focused on the interaction between the health system and the polity. Using Durkheimian perspective of society the paper explores the concept of social order and examines its implication for health attainment in the Nigerian society.

Introduction

Explanation of social order, or how and why societies cohere, is the central concern of sociology. All societies whether primitive or modern are concerned with the problem of order. This is because the world is a place of contradictions. Whereas the world shows commitment to human equality yet it is full of inequalities; it propagates natural beauty but full of pollution; a world of high ideals and dedication to peace but full of records of social injustices and violence; a world of unprecedented material affluence for some people but

THE IMPACT OF HUMAN IMMUNE VIRUS AND AQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS) ON NIGERIAN WOMEN

Adekeye D. Shade (Mrs.)

Department of Sociology
University of Ilorin, Ilorin.

Abstract

One of the greatest health problems in the world today is the HIV/AIDS pandemic. The disease affects every continent on the globe with the largest concentration of patients in the sub-Sahara Africa. The first cases of AIDS were reported in Nigeria in March 1986. Women and children constitute the largest percentage of the number of victims recorded in Nigeria. Based on the above understanding, the paper examines the incidence and implications of HIV/AIDS on women in Nigeria. It then concludes with recommendations towards effective reduction of the disease among Nigerian women. Prominent of these recommendations include education, preventive programme, gender equality etc.

Introduction

The emergence of the acquired immune deficiency syndrome (AIDS) on the global scene has been a major source of concern world-wide. Since the mid 1980s, HIV has spread to almost every country in the world. The International Labour Organisation (ILO 2002) and Lisk (2002) describe HIV/AIDS as constituting a crisis for gender and advancement, as women are particularly susceptible to infection relative to men. The reasons are manifold, including physiological, socio-

cultural and economic reasons. The most recent HIV sero-prevalence survey shows that women aged 15-49 years, constitute 56 per cent of the 4.74 million infected. Women also tend to be younger at age of infection (15-35 years), compared to men (20-45) (Sangosanya and Siyanbola, 2005). The combination of higher infection rates among women, and their current economic and social vulnerabilities (resulting in a lack of income for medical care and treatment), may translate in women dying sooner than men.

In Nigeria, the HIV/AIDS is devastating. Being the most populous country in Africa, Nigeria accounts for about 8 per cent of the global burden of HIV/AIDS (Abdullahi, 2006). The first cases of AIDS were reported in Nigeria in March 1986. By the end of that year a total of 42 cases had been reported to the health authorities. The number of reported cases has been increasing steadily over the years with a cumulative total of 87, 174 as at the end of December 2000. (Sangosanya and Siyanbola, 2005). As at June 2003, HIV population in Nigeria was estimated at 3, 962, 249 (Fayeye, 2004).

There is no dispute in the fact that HIV/AIDS pandemic presents a major obstacle and challenges to women and children. It is within this context that this paper examines the impact of HIV/AIDS on women in Nigeria. In order to accomplish this, the paper is structured into five sections: introduction, the concept of HIV/AIDS, mode of transmission, factors responsible for the prevalence, impact of HIV/AIDS on women and concluding remarks.

The concept of HIV/AIDS

HIV stands for Human Immune Deficiency, the virus that causes AIDS. When a person is infected with this virus, his or her body fluids such as blood, semen and vaginal secretions, will contain HIV and antibodies against the virus. The virus stays in the body and slowly destroys the body's defence mechanism. The duration of time it takes for a person infected

to fall ill varies and takes between several months to seven years. Therefore an infected person can spread the virus unknowingly (Akinsolu, 2004).

When the virus has destroyed the body immune system, the symptom of AIDS begins to manifest. At this stage of full-blown AIDS, the body's natural defense system is weakened and the infected person becomes vulnerable and is at the mercy of all kind of infections such as prolonged diarrhea, white coating of the tongue, enlargement of gland in the neck, groin or armpit, persistent cough, skin infections and unexplained weight loss (Shaffer, 1994).

Modes of HIV Transmission

The World Health Organization (WHO) identified three main routes of HIV transmission among the general population. The first one is through sexual transmission. All forms of sexual intercourse may result in the transmission and constitute the single most important HIV transmission route. Given the predominant role that hetero-sexual transmission plays in the HIV epidemic in Africa, it is not surprising that prostitutes and their clients play a central role in the spread of this epidemic (Padian, 1988). Larson (1989) has also described the role that organization of the commercial sex industry and the availability of casual sex partners can play in the spread of HIV in a country.

Exposure to blood mainly through transfusion and needles sharing is the second most common route of transmission. HIV sero-prevalence data from blood bank from many countries, especially Nigeria represent readily accessible samples for use in monitoring changes in HIV infection among the population. However, comparisons with general-population samples in several areas raise questions regarding the representativeness of the blood donor sample (Torrey and Way, 1990). Donors tend to be predominantly urban male and in their young adult ages. In addition, female donors appear to

be higher-risk group than the general population or male donors. Although blood-to-blood exposure can lead to infection, the available record to date does not show this group represents a valid proxy for the general population (LUTH Unpublished).

The prenatal or substantial vertical (mother to child) transmission constitutes the third major routes of HIV transmission. As of 1992, WHO estimated that along with 6.5 million adult infections, 750,000 HIV infected infants had been born in Africa (WHO, 1992). Pregnant women do transmit the virus (HIV) to their babies during pregnancy or birth and also through breast milk. Samples of pregnant women are often used as surrogate for the general population. This is convenient since in Nigeria, women attend government clinics to receive antenatal care. To some extent, pregnant women can be considered to be at some higher – risk than the general population, because they are sexually active. On the other hand, they are also drawn from a limited age range. Since 1985, there has been a consistent and rapid increase in HIV infection levels among pregnant women. By 1990, more than 20 percent of the samples of pregnant women in the urban cities in Nigeria were infected. Nevertheless, in Nigeria, data on pregnant women provide the most representative picture of HIV infection in the general population (LUTH Unpublished).

Early case histories were separated out into risk groups based on the social behaviours and medical needs. Therefore, we can classify the following sub-groups demonstrated to be at risk for HIV infection. They are: homo sexual and bisexual, multiple heterosexual contacts, intravenous drug users, blood product transfusion recipients and children whose parents are at risk.

It should be noted that there was an initial belief that the above subgroups especially homosexual and bisexuals including drug users were the only susceptible groups to HIV

infections; however, it was later found that HIV infections gradually spread to the lower risk group and eventually placing everyone at risk, especially women, because of the existence some degrees of "mixing" between the general population and the risk groups.

Factors Responsible for the Prevalence of HIV/AIDS among Women

Many researches have been carried out to show the prevalence of HIV/AIDS among women. Standing and Kisekka (1989) reported that research in HIV/AIDS is increasingly recognizing the socio-cultural, economic, environmental and political dimensions of the epidemic. Gender inequality manifesting itself in double sexual standards for males and females, the general vulnerability of women which partly accounts for a wide range of female reproductive health problems, and variation in socio-economic and political status by gender have emerged as some of the factors responsible for increasing spread of HIV infection among Nigerian women.

Another factor contributing to the high level of HIV transmission is environmental elements like sanitation, diet, unavailable health care and malnutrition. These contribute to the individuals' vulnerability to opportunistic infections (Anarfi, 1997). A number of studies of HIV infections have identified 'risky' behaviour such as non-regular multiple partnership, which may be serial or concurrent. Careal and Piot (1997) identified the use or non-use of condom, use of contaminated needles and skin-piercing instrument and blood transfusion as a contributing factor in the spread of the disease. Age at first intercourse and the related circumstances can also constitute 'risky' behaviour, all the above factors are common among women than men, which make them more susceptible to the HIV/AIDS.

Another transmission patterns of HIV in Nigeria has been associated with the movement of soldiers, especially those that were sent on peace keeping operation, most of them returned with the virus, only to eventually infect their wives. According to Obbo (1993) Barracks in Lagos state such as Ojo cantonment in Ojo, Bonny camp in Victoria Island and Air force barrack in Shogunle experienced high rates of HIV infection following the arrival of military personnel dealing with unrest situations.

Prostitution is one of the oldest trade in the world, women and young girls constitute the bulk of those engage in this trade and this has constituted a major source for the spread of the HIV/AIDS among women. Apart from engaging in prostitution, some researches (Azinde 1992, Okojie 1995 and Careal 1997) have also discovered that sea ports and high ways connecting big urban centers and connecting Nigeria with the outside world are powerful foci for the spread of HIV in the 90's due to population movement associated with the trade. Prostitutes are also drawn into such areas; truck drivers, fishermen and traders engage in sexual behaviour with several women, many of them contacted the virus, only to return home to infect their wives.

Several harmful traditional practices such as child marriage, female genital mutilation, scarification, tattooing, wife inheritance and polygyny have increase the epidemic among women. Caldwell, Pieris and Ichuda (1999) opined that women and girls are particularly vulnerable to contracting AIDS for social, cultural, economic and even physiological reasons. According to them, greater risk arises from practices that encourage girls to accept older men as partners in preferences to their peers. Customs such as early marriage, man inheritance of a deceased brother's wife and some other sexual practices among others make the rate of infection

higher in girls than the boys, there is female– male ratio of 38:1 in Africa (WHO, 2004).

Human trafficking and the spread of HIV/AIDS are linked in many cases. According to the 2004 US trafficking in persons report, more than 800,000 people are trafficked annually across international borders. Women and sometimes girls as young as ten are trafficked for commercial sex, and the outcome is the epidemic of HIV/AIDS that is being currently experience globally and particularly in sub-Sahara Africa. It has been estimated that as many as 500,000 women were trafficked into Western Europe for forced prostitution in 1996. Nigeria girls and women are trafficked for forced prostitution to Italy, France, Spain, the Netherlands, Cote D'Ivoire and South Africa. Most of these trafficked women and girls are coerced, forced, or tricked into commercial sex and are more likely to be infected with HIV/AIDS. This is why 43% of people living with HIV or AIDS are women and girls. So forcing girls and women into violent, unprotected sex acts with multiple partners is a significant factor in the spread of the AIDS pandemic Cross Road (2004).

It is also a truism that gender based power relations and gender disparities significantly contribute to the spread of the disease. Gender roles and relations are inextricable linked with the level of individual's risks and vulnerability to HIV infection as well as the level and quality of care, treatment and support that women living with HIV/AIDS can access.

The Impact of HIV/AIDS on women

One of the main concerns of Sociologists is to examine the experience of illness—how being sick affect the individual and the knowledge of people regarding different type of illness, such as HIV/AIDS. The sickness has both personal and public dimension. When a woman has AID, she does not only experience pain, discomfort, confusion and other motherly

challenges, but it also has serious effect on the society as well. This is why functionalist like Talcott Parsons clearly reveals the fact that an ill person be it a woman or child is an integral part of a larger social context.

From the functionalist perspective the pandemic of HIV/AIDS must be controlled so as to ensure that not too many women are released from their societal and familial responsibilities. The functionalist belief that society usually operates in a smooth and consensual manner, illness like HIV/AIDS is therefore seen as a dysfunction which can disrupt the flow of this normal state of being. A woman who is affected with HIV/AIDS cannot perform her normal role in the society, she is likely to cause stress for other members of the family and left her responsibility undone because she is sick.

Apart from personal experience of women who are infected with the virus, women are also regarded as child bearers, child rearers and care givers, they bear the brunt of the impact of HIV/AIDS as they are responsible for their sick children, parents or spouses. They are also saddled with the responsibility of caring for orphans and vulnerable children. This is often a difficult role and task for women to perform because women in many parts of Nigeria traditionally do not have access to property or right to inheritance. Apart from women, the pandemic toll of HIV/AIDS on the number of school age children is very alarming because the scourge decreases the rate of growth of the school age population. HIV positive women have reduced fertility and mother-to-child transmission of the virus means increase in child mortality rate.

Pallni and Lee (1990) reported that AIDS epidemic has significant economic and social effects including high levels of orphanhood and widowhood, and the disruption of household management. In Nigeria the epidemic has increased women's responsibilities and their burden of caring activities. As they take on the additional burden of caring for those with

HIV/AIDS, their social and economic resources become inadequate.

At another level, HIV- positive women have significantly more negative pregnancy outcomes, such as spontaneous abortions and still-births, than uninfected women. This, according to Chomba and Piot (1994) is likely to further decrease the number of children 0-5 years of age in the households.

A further dislocating effect on HIV/AIDS relates to the projected increase in AIDS orphanhood and school dropouts. These may contribute to increased child labour as children enter the work force at even younger age in search of financial support (Lisk, 2002). The combined of the above amounts to a generational gap in the overall skills and experience invested in the labour force. The entry of children into the labour force reduces overall skills capacity, coupled with lowered or no educational qualifications. Similarly, the epidemic will lead to reduction in educational achievement of women and children, which will impede the achievement of one of the main goals of sustainable human development.

Concluding Remarks

The alarming rate of HIV/AIDS prevalence in Nigeria with the pandemic toll on women and children calls for urgent steps to be taken by government and organizations in mitigating against the pandemic toll of the scourge in Nigeria.

Given the high levels of HIV/AIDS reported cases among women, programme should include HIV/AIDS management and the infected should be encouraged to use the facilities provided. Besides, the HIV/AIDS programmes should institute partner referral in order to detect and treat asymptomatic HIV/AIDS patients particularly in women.

Women organizations should identify and collect data required to help them assist women and children afflicted with

HIV/AIDS. Such data when collected should be analysed in a timely fashion. In localities where the risk of infection is high, government should extend the education and prevention programme to cover communities close to their families. The benefits to the people of this social investment initiative should be seen as actions designed not only to help reduce the risk to people but also promote a healthy community. Besides, government and organisations should fund research and development on HIV/AIDS, especially projects that help to reduce the spread of the infection among women and children.

In addition, effort should be made to challenge gender stereotype and attitude and gender inequalities in relation to HIV/AIDS. According to the World Bank (2002), the feminization of AIDS not only reflect women's greater physiological vulnerability to infection, but also their social and psychological vulnerability created by a set of interrelated economic, socio-cultural and legal factors. This increasing feminization of HIV and AIDS also stress the need for policies and interventions to focus on transforming gender role and relations between male and females to support the deep-rooted behavioural change necessary to stem the spread of HIV/AIDS.

Moreover, useful information and counseling should be given to women on the preventive methods such as avoiding casual sex, stay with one and faithful partner and for those who are already infect, they should be enlightened about the available drugs such as Anti-retroviral therapy that can sustain them for a long time and still make them to be useful to themselves, their family and the society at large. With the implementation of the above recommendations, the impact of HIV/AIDS scourge on women and children will be drastically reduced.

References

- Abdullahi, A. A. (2006) "The Political Economy of HIV/AIDS: A Challenge to Democracy and Development" in Saliu, H. A., Amali, E; Fayeye, J. and Oriola, E. (eds.) *Democracy and Development in Nigeria*. Vol. 3. Lagos: Concept Publications.
- Akinsolu, A. O. (2004) "HIV/AIDS Scourge: Implications for Educational Planners in Nigeria" *International Journal of Educational Management (IJEM)* Vol: 3.
- Anarfi, J. K. (1997) "Vulnerability to Sexually Transmitted Diseases, Street Children in Accra". *Health Transmission Review*. Vol. 7 281 – 306.
- Asindi AA, Ibia and Young, M.U (1992) Acquired Immune deficiency syndrome: Education exposure knowledge and attitudes of Nigerian adolescents in Calabar. *Annals of Tropical Paediatrics* 12, 4 pg. 397 – 402.
- Careal, N. and Piot, P. (1997) HIV infection in developing Countries *Journal of Biosocial Sciences* 10 (Supplement) 35 – 50.
- Caldwell, B., Pieris, I; Ichuda B, Caldwell J. (1999) "Sexual Regimes and Sexual Networking: The Risk of an HIV/AIDS Epidemic in Bangladesh". *Social Science and Medicine* Vol. 48 pp. 1103 – 1116.
- Chomba, A. and Piot, P. (1994) "HIV-I and Reproductive Health in Africa". *International Journal of Gynecology and Obstetrics*. Vol. 44 No. 2. pp. 107 – 112.
- Cross Road (2004) "Why the Traffickers must be stopped" August- September Vol. 11, No. 7.
- Fayeye, J. O. (2004) "Strategies to combat HIV/AIDS in an Educational Institutional setting" A paper delivered during the workshop on the formulation of a University Policy on HIV/AIDS, 31 August–1st September.
- ILO (2002) *HIV/AIDS in Africa: The Impact on the World of Work*. ILO: Geneva.

- Lisk, D. (2002) "Labour Market Implications of HIV/AIDS in Sub-Saharan Africa." *Working Paper* 1. ILO: Geneva.
- Obbo, C. (1993) "HIV Transmission through Social and Geographical Networks in Uganda". *Social Science Medicine* Vol. 36 pp. 949 – 955
- Padian, N. (1988) "Prostitute Women and AIDS Epidemiology". *AIDS* Vol. 2 pp. 413–419.
- Sangosanya, A.O.B and Siyanbola, A. A. (2005) "The socio-economic implications of HIV/AIDS on Human Resource Development in Nigeria" A paper presented at the International Conference on Human Development (ICHD) organized by covenant University, Ota, between 27th – 30th, June.
- Shaffers, S (1994) *The Impact of HIV/AIDS on Education: A Review of Literature and Experience*. Paris: UNESCO.
- Standing, H. and Kisekka, M. N. (1989) *Social Behaviour in Sub-Sahara Africa: A Review and Annotated Bibliography*. London: Overseas Development Administration.
- Torrey, M. and Way, P. (1990) "Blood Donor and AIDS in Africa: The Gift Relationship Revisited" *Staff Paper* No 53 Washington, D.C: U.S. Bureau of the Census Center for International Research.
- Tribune (2006) "HIV, a Tsunami not Accorded True Response". Thursday 22 June p. 21.
- UNAIDS (2004) *Report on the Global HIV/AIDS Epidemic*. UNAIDS. December.
- WHO (1992) *Current and Future Dimensions of the HIV/AIDS Pandemic: A Capsule Summary*. January. Geneva: Geneva Global Programme on AIDS.
- WHO (2004) *Global Report on HIV/AIDS*. Geneva: WHO.