

**(THE IMPACT OF GOVERNMENT'S POLICY ON THE PREVENTION
AND MANAGEMENT OF HIV/AIDS IN KOGI STATE)**

MOHAMMAD MUSTAPHA YAKUBU

DEPARTMENT OF GENERAL STUDIES,
KOGI STATE POLYTECHNIC, LOKOJA

ADINO OJONE ERNEST

DEPARTMENT OF CIVIL ENGINEERING,
KOGI STATE POLYTECHNIC, LOKOJA

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Abstract

Against the widely held view of the negative effect of HIV/AIDS on human development, the study investigated on the impact of government policy on the prevention and management of the deadly scourge in a view to determining its effectiveness and factors militating against the policy objectives realization. To achieve its set objective, the studies employed the use of both primary and secondary sources of data collection, with the use of questionnaire instrument. A reasonable sample size was selected within the three senatorial districts of Kogi State on the basis of simple random sampling technique to generate relevant quantifiable data. The results affirmed the effectiveness of the policy in achieving its objectives. To a large extent, the treatment test and assistance from FACA is grossly inadequate especially in the rural areas like Ankpa, Ayigba, Okene and Kabba where the incidence is on increase in term of preventive, adequate mobilization is not available. It was further revealed that the implementation process of the policy is hindered by bureaucracy. While the implications of the results were extensively discussed, the study recommended that a lot still need to be done to improve the service delivery of the policy. Adequate sensitization, resource mobilization, training, attitudinal change, and behavioural modification, counseling of population, effective coordination, monitoring and massive involvement of

the most vulnerable groups will to a greater extent facilitate the realization of the policy objectives of HIV/AIDs programmes.

CHAPTER ONE

INTRODUCTION

Background to the Study

The HIV/AIDS pandemic remains a major health issue worldwide, particularly, in the Sub-Saharan Africa where many people living with HIV/AIDS reside. The first incidence of HIV/AIDS in Nigeria was reported in 1986 to which there was an initial lack of action and the effect of this was an increase in the prevalence of the disease to epidemic proportions. Nigeria has since moved rapidly to respond to the epidemic with the advent of the democratic dispensation in 1999 which provided exemplary leadership in the fight against the epidemic. According to Osotimhenhin, (2007). The prevalence which in 2001 peaked at 5.8 has since assumed a downward trend coming down to 4.4% in 2005. However, given Nigeria's very large population her HIV/AIDS disease burden rank second in Africa and forth in the world with about 3 million people infected.

In response to the daunting challenge posed by the need to provide care to this population, the Federal Government of Nigeria in the year 2002 commenced the then most ambitious treatment programme in Africa with 10,000 people on enrolment. It is therefore not strange that

another epidemic is presently not only thrashing the lives of other million of human souls but the socio-economic well being of the over 8 billion human beings occupying the modern earth Human Immune Virus otherwise called HIV and the resultant Acquire Immune Deficiency Syndrome popularly referred to as AIDS, is presently a global reality of another threat to human beings of the same quantum with the influenza and the Black death.

Although, a medical parlance, HIV/AIDs todays remains among the most popular carnage to both medical practitioners and other commoners that have very little to do with the discipline of medicine. Often treated as one and the same, more especially among the later class of individuals, HIV and AIDS though interrelated are two different conditions, which impact differently to human body.

The acronym HIV means Human Immune Virus and said to be the causative agent of the dreaded Acquired Immune Deficiency Syndrome (AIDS). Thus from above, it can be deduced that while the first is a virus the second represent a syndrome caused by the existence of that virus. What then is a virus? A virus is defined generally as a set of instructions for making new virus, wrapped up in some fat, protein and sugar. Without cells, a virus, expert say can at best be likened to a brain without a body (AIDS MEDs. com).

HIV, according to experts, mostly infects the white blood cells, popularly referred to as T. cells or CD4 + Cell 5, which is responsible for turning the body immune system on to fight diseases. The moment HIV gets to the cell, it produces millions of little viruses, which eventually kill the entire cell and infect the next ones. The American Centre for Disease Control (CDC) classifies about nine categories of HIV infections among which A1, A2, B1 and B2 are HIV while A3, B3, C1, C2 and C3 are AIDS (AIDS MEDs. COM). In HIV infections, the virus destroys about 200 million CD4+Per day as against the per day destruction of about 20 billion CD4+ cell by AIDS.

In a nutshell, HIV refers to the early infection by HIV virus an infection in which the immune competence of an infected person is largely intact and relatively active. The various ways of infection from the virus are sexual transmission, heterosexual, men having sex with men, through blood transfusion and unsterile needle among others.

AIDs on the other hand are simply the condition caused by the Human Immune Virus (HIV), when the body immune system breaks, the infected person losses protection and develops various types of serious often deadly infections and cancers. These are called opportunistic infections or cancers, for the simple reason that they take advantage of the weakened defenses. It is these opportunistic infections that most

often result in the deaths associated with AIDS. Thus AIDS is the advanced and terminal state of HIV infection and medically characterized by either a CD4+ of less than 200/mm³ or the presence of the opportunistic problems or both (Abalaka, 2000).

Although it was not uncommon in the world history of epidemics that the origins of epidemics is always surrounded with controversies, as it was with the bubonic plague and the global influenza, today the origin of HIV remains the most controversial. From the espionage theory of KGB versus CIA, to the tainted oral polio vaccine and Zoonotic transmission from animal to human and the baboon theory, the origin of HIV is still shrouded in secrecy. This probably may not be unconnected with the early stigma attached to it and the racists' discrimination of linking black Africans to a sexual disease and indirectly to primate.

Identifying the natural source of HIV is a difficult process; first there is a need to find an animal for the virus. There is also the need for the geographical distribution of that animal to mirror the initial distribution of the disease. The virus in the host also needs to have the genetic and structural relatedness to the human virus and lastly there is a need to be a routine in transmission of the virus from the animal host to humans.

It is against this backdrop that the impact of government policy on prevention and management of HIV/AIDS in Kogi State will be critically assessed in this research work. The study will also examine the level of awareness about the scourge in general and transparency in the provision of drugs and the supply of relevant materials to the Nigerians living with HIV/AIDS. It is therefore, assumed that the priority of every good leaders should be the ability to make his subjects happy by making sure that all necessities of life are provided at an affordable price, more so an healthy nation is a wealthy nation they say. Finally, it is the intention of the researchers to identify the debilitating problems that confront the government in carrying out these responsibilities effectively and efficiently.

Population of Kogi State

The research work method adopted by the researcher is also favoured due to the fact that it is not feasible to make direct contact with the entire 3,314,043 residents of Kogi state which constitute the research population. Thus a representative random sampling was used for the purpose of drawing inferences and making appropriate generalization in respect of the whole population of Nigerians' views on the issue of child right abuse in the country.

Population of Local Governments in Kogi state

Table

Kogi	Population
Adavi	217,219
Ajaokuta	122,432
Ankpa	266,176
Bassa	139,687
Dekina	260,968
Ibaji	127,572
Agalamela Odolu	147,755
Ijumu	118,593
Kabba/Bunu	144,579
Kogi	115,100
Lokoja	196,643
Mopa-muro	39,760
Ofu	191,480
Ogori/Magongo	39,807
Okehi	223,574
Okene	325,623
Olamaboro	158,490
Omala	107,968
Yagba east	147,641
Yagba west	139,928
Total	3,314,043

National Population Commission of Nigeria, August, 2019

Impact of the Epidemic

Despite the limited amount of information on the impact of HIV/AIDS on the socio-economic development of Kogi State, the information available suggests that the epidemic has had the same impact as seen in other parts of the country.

Impact on life expectancy: One important effect of HIV/AIDS epidemic on the health of Kogites is the reduction in the life expectancy. The HIV/AIDS epidemic has markedly reduced gains in life expectancy which Kogites had achieved over the past four decades since the creation of states. The life expectancy in Kogi fell from 53 years in 1991 to 51 years in 2002, largely due to the HIV/AIDS epidemic. The disparity between what should have been and what will exist will worsen further if the HIV prevalence is allowed to rise further and the epidemic is not adequately controlled.

Impact on health system: The additional care and support burden associated with the HIV/AIDS epidemic further weakens and threatens to overwhelm the already weak Nigeria health system. The increase in need of resources to control the effects of the epidemic in the health sector could soon exceed 35% of the health budget if the epidemic is not brought under control (Oyebola, 2003).

The epidemic has a mounting effect on bed utilization. Persons living with HIV related disorders increasingly need hospital services including bed space. This leaves little bed space to treat other important illnesses. The HIV/AIDs epidemic is closely linked to the resurgence in the number of cases of tuberculosis presently being seen in the state and country. Without adequate control of the epidemic, the high cost of care required to adequately treat tuberculosis patients, will continue to further increase the cost of health care.

Social Impact: The social impact of this is expected to be great. There will be tremendous strain on the social systems to cope with such a large number of orphans. Many of these Kogites may go without adequate healthcare and schooling, increasing the burden on society in future years. The children will be at risk of suffering from child abuse, prostitution and other social crimes, and may become HIV positive.

Other social effects include the increase in poverty, especially in households affected by HIV/AIDS; disruption within families and communities as they respond to issues associated with increased incidence of HIV/AIDs within with families and the communities; reduction in amount of individual and family discretionary funding for essential needs including nutrition, education, health and living

conditions; and high medical, emotional, and social costs on people living with HIV/AIDs.

Economic impact: the HIV/AIDs epidemic affects the social and economic development by deterring efforts towards achieving set goals as targeted in the various policies enacted by various governments of Nigeria. It increases the cost of achieving set developmental goals by decreasing the size of the workforce-as it affects mainly adults in their most productive years of life (15-49) years). In decreasing the workforce it increases the cost of labour. The work output of persons living with HIV/AIDs also diminishes as the disease progresses. The death of persons in skilled employment also increases the need for the education sector to replace them faster than would have been necessary without the epidemic while at the same time increases the cost of hiring and training of staff in businesses.

The high manpower-intensive sectors of the economy are the most affected; in Kogi State this includes the agricultural, educational and health sectors as well as the rural economy. In the agricultural sector this leads to a gradual but noticeably reduction in the production of food and cash crops. The rural communities bear a disproportionate share of the burden of AIDs: many urban dwellers go back to their villages on discovering the HIV status; the health system in rural communities is

weaker and less accessible; and the knowledge on HIV/AIDs is lower. All these results are more vulnerable rural populace.

The HIV/AIDs epidemic significantly undermines the education sector's universal basic education goal by: increasing the cost and the time needed to achieve the target of education for all; increasing the number of teachers to be trained to reach the goal; and by decreasing the turnout of students who are able to take adequate advantage of increased educational opportunities.

In summary, the impact of HIV/AIDs on social fabric and on its economic development and well-being continues to be pervasive and, unless controlled, will continue to undermine citizen's quality of life.

The target population for the study shall constitute the people living with HIV/AIDS, unemployed youths, market men and women and students, the essence is to make the sample representative age, religion, academic qualification and ethnic background of the respondents. Sample of four hundred and twenty (630) people were randomly selected for the purposes of the study from (3) Senatorial Districts of Kogi State.

Conclusion

This research shows that denials about the presence of AIDs in Kogi State have diminished. There is also near-universal awareness that

AIDs is incurable and deadly. It is also generally believed that death is inevitable and that it will come when it is due. Although a significant proportion of the men reported that they were not afraid of death none was willing to die. Despite the universal awareness of the dangers posed by AIDs to the society, there has been very little behavioural change. A significant proportion of men still believe that sex with only one partner is not part of man's nature and that sex with multiple partners or sex workers cannot lead to AIDs if care is taken.

These are beliefs that may well pose a serious danger to the society. Perhaps there was justification for the attitude of the men to death and the AIDs epidemic. Nigeria had since 1984 been going through the worst economic and political instability since independence in 1960.

This therefore, places premium on the urgent need to come up with a more comprehensive plan of tackling the problem which if proper attention is not accorded; it could annihilate the entire active segment of the Kogi population. The government and non-government agencies have the important task of intensifying the campaign against AIDs through the promotion of behavioural change that may lead to a significant reduction in men's number of sexual partners outside marriage. Condom promotion is important, but a significant behavioural change on the part of the men may be a more important way of stemming the epidemic.

Recommendations

The way forward lies in adapting the lesson of international research and experience to local conditions and in the collaborative effort of state and local authorities in formulating and implementing effective government policy on HIV/AIDs, the international development community and the informal sector workers themselves. The overall goal should be to build a better functioning, more inclusive, healthier and socially sustainable city:

- i. The government should revisit the policy to improve and fill gaps indentified.
- ii. There is need for greater sensitization and involvement of pupils, students' teachers and other school.
- iii. Effort should be made to retrain the personnel in different aspects of HIV/AIDs preventive education at the various centres.
- iv. Embark on education towards altering current negative attitude to voluntary HIV testing.
- v. Mobilize the public to ensure change and modification interventions towards use of condom and other risk reduction practices.
- vi. Provision of more counseling and treatment centres in schools institutions and youth centres should be embarked upon.

- vii. Involving other relevant adolescent and youth groups in peer education programmes, (e.g school youth clubs, faith-based, youth groups, community youth groups, student union groups youth trade groups) etc.
- viii. Education and advocacy on stigmatization of PLWHA and on how to relate better with them.
- ix. Coordination, supervision, monitoring and evaluation of the implementation and effectiveness of preventive education activities already undertaken in many locations.
- x. Build-up the capacity of educators and educational personnel to manage HIV/AIDs preventive educational activities and of researchers to research the issue.
- xi. Sustain advocacy among all stakeholders to maintain the political and popular will and to ensure adequate funding and support for preventive education activities particularly the involvement of the private sectors.
- xii. Mobilize the public to ensure behavioural change and modification interventions towards use of condom and other risk reduction practices.

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