

An Over View of the Problems of Acquired Immune Deficiency Syndrome (AIDS): A Nigerian Social Worker's Perspective

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INTRODUCTION

AIDS! This is one term that evokes jittery feelings in all who hear it and why not. Since the first cases of AIDS were identified among homosexual groups in the United States in 1981, the world and existence has not been the same. What initially began as a framework for medical curiosity has become a global epidemic affecting millions of people in different countries in only 20 years. It is mysterious that the more scientists learn about the AIDS problem, the worse it seems (Drew, 1999). Without doubt, HIV/AIDS is the worst health problem to have faced our planet and the December 1999 statistics from the World Health Organisation (WHO) buttress this:

- 49.9 million people had been infected with HIV worldwide; this is roughly equivalent to the entire population of South Africa.
- Of these, 33.6 million were still living; 16.3 million had died. The numbers who have died is roughly equivalent to the entire population of Zimbabwe.
- An estimated 40 million people will be living with HIV by the year 2000.
- An estimated 11 men, women and children were infected with HIV every minute in 1998.

An identified trend is that countries are not equally affected. For instance, the poor and underdeveloped countries of Africa, India and South East Asia are the worst hit, a clear indication that HIV/AIDS could be one health problem that is aggravated by level of development. Based on these research findings the focus on this global problem will be restricted to the ailing African continent with issues to be addressed ranging from what Aids really is, to the effects of AIDS on the individual, family or society, national development to what can be done by social workers.

WHAT IS AIDS?

AIDS-acquired immune deficiency syndrome

is caused by the human immunodeficiency virus (HIV). By killing or impairing cells of the immune system, HIV progressively destroys the body's ability to fight infections and certain cancers. Individuals diagnosed with AIDS are susceptible to life-threatening diseases called opportunistic infections, which are caused by microbes that usually do not cause illness in healthy people.

HOW THE VIRUS IS TRANSMITTED

- (i) HIV is spread most commonly by sexual contact with an infected partner.
- (ii) HIV is also spread through contact with infected blood.
- (iii) HIV frequently is spread among injection drug users through the sharing of needles or syringes contaminated with minute quantities of blood of someone infected with the virus.
- (iv) Women can transmit HIV to their foetuses during pregnancy or birth it can also be spread to babies through the breast milk of mothers infected with the virus.
- (v) Although researchers have detected HIV in the saliva of infected individuals, no evidence exist that virus is spread by contact with Saliva.
- (vi) Also, Scientists have found no evidence that HIV is spread through sweat, tears, urine or Faeces.
- (vii) HIV is not spread through casual contact such as the sharing of food utensils, towels, beddings, swimming pools and telephones.
- (viii) Biting insects such as mosquitoes or bed bugs do not spread HIV.

PREVENTION OF HIV/AIDS

- (i) The primary means of preventing the HIV virus and other blood-borne pathogens is to follow infection control precautions with the assumption that the blood and the other body

fluids from all other persons are potentially infectious.

- (ii) These precautions include routinely using barriers (such as gloves and/or goggles) when anticipating contact with blood or body fluids and carefully handling and disposing of sharp instruments during and after use.
- (iii) Safety devices also have been developed to help prevent needle-stick injuries. If used properly, these types of devices may reduce the occupational HIV exposure risk.

UNDERSTANDING AIDS/HIV TESTING

- (i) HIV testing usually means the tests that determine whether one is infected with the Human Immunodeficiency Virus (HIV), which causes AIDS. These tests look for “antibodies” to HIV.
- (ii) Other HIV tests are used when people already know that they are infected with HIV. These help; measure how quickly the virus is multiplying (a viral load test) or the health of your immune system.
- (iii) The most common HIV test is a blood test. However, newer tests detect HIV antibodies in saliva or urine.
- (iv) No approved HIV test kit will give you a result at home. The Home Access test kit is approved, but it is designed for you to collect a sample of your blood at home. Then you send the sample to a laboratory where it is tested for HIV.
- (v) Testing positive does not mean that one has AIDS. Many people who test positive stay healthy for several years even if they do not start taking medication right away.

TREATMENT OF HIV/AIDS

HIV and AIDS related illnesses vary from person to person. People can live with HIV for many years depending on the medical care plan designed by the Doctor. Many drugs are used together to treat HIV and these drugs often include “antiretroviral” medicines. These are powerful and very expensive drugs, but they do not cure HIV.

EFFECTS OF AIDS ON THE INDIVIDUAL (OR VICTIM)

Far above all things plaguing an AIDS victim

is fear of societal stigma. The fear of societal stigma may cause denials of the presence of the disease even when all known symptoms have been identified or have manifested. People living with Aids (PWAs), in our underdeveloped country are treated like aliens, people that should not associate freely with the uninfected. The fears of societal neglect, torture, ridicule or scorn would surely compound the recovery rate of these poor individuals.

There is also the problem of obtaining drugs to control the effect of the Aids virus. Such drugs are very expensive and not within the reach of the mostly poor Aids patients.

Apart from access to drugs, most Aids patients are reluctant to receive medical treatment because medical practitioners especially nurses are jittery about attending to them for fear of being infected.

Some people living with Aids also face the trauma of losing their jobs when their employees gain insight into their health status. The thinking could be that while co-workers would be reluctant to associate freely with them, the major fear is that business relations with the company could be severed when it is uncovered that an Aids victim works within.

Also, some Aids victims could experience a retaliatory or sadistic urge to punish the society for being infected. This urge is expressed by their actions through which other members of the society become infected.

EFFECTS OF AIDS ON THE FAMILY OR SOCIETY

From the time of the Osu Cast System (or an old and still existent tradition of labelling an entire lineage as outcasts dedicated to the gods) the killing of twins to the present cases of people living with Aids, one should understand that our African society never treats kindly those it perceives as afflicted by an abomination. To the uneducated African, Aids victims are regarded as outcasts who must have incurred the wrath of the gods.

Not surprisingly, the families of Aids victims also suffer similar stigma as the infected. In some cases, the humiliation is so severe that they are discriminated against in access to employment, housing, education and health services (Mann, 1995:17). These discriminative tendencies are bound to breed frustrated and unproductive individuals.

Moreover, the currently estimated 971,472 innocent Nigerian orphans of Aids victims are not spared by society (Akukwe, 2001). Once notions of their parents' health status are uncovered, they stand to be either disinherited or uncared for because relatives are afraid to get close to them. The result is that these little orphans suffer emotional and physical deprivation and may become school dropouts or delinquents. Thus, it is not only the infected that suffer-Aids is a disease with a rippling effect (Piot, 1997).

Sadly, there is a general silence about Aids in all spheres of our lives. The media in its obituaries, hospitals and families are afraid to mention causes of death. Recently, a high court judge was brought into international focus when he reportedly stopped an Aids discrimination suit to enquire if the presence of the Aids infected plaintiff would jeopardise the entire courtroom (Akukwe, 2001). Such is the ridiculous fate of Aids victims in developing countries!

The thought of Aids is also breeding a very suspicious society. A person could be seen in the society that clearly fits identified features of an Aids victim, unconsciously, that person is treated like a plague. In line with this, is the growing fear among people about the use of certain public facilities or personal items. For instance, people are afraid to utilise public toilets and swimming pools for fear of contracting the HIV/AIDS virus.

In addition, there is the growing fear to avail of certain health facilities especially blood transfusions and who can blame them when on recovery, due to poor blood screening, they could test HIV positive.

Finally, the death of an Aids victim especially if he or she was the vital economic backbone of the family could pose intense financial mishaps or insecurity for surviving dependants.

EFFECTS OF AIDS ON NATIONAL DEVELOPMENT

The fear of Aids is currently a nagging problem for the Nigerian military. The Economic Commission of Africa (ECA) reports that approximately 15-20 percent of Nigerian soldiers live with HIV/AIDS. The military command of any nation that should constantly be battle ready, cannot tolerate this alarming rate of infections and deaths attributed to Aids.

The epidemic is definitely bidding a claim

on Nigeria's future- with a HIV infection rate of about 5.4 percent and the estimated 3 million Nigerians living with Aids. Over the next 15 years, the size of the nation's labour force should be an average 10% lower than it would have been in the absence of the disease. This could affect savings rates, interest rates and lead to higher inflation. In Uganda, there have been reports of whole villages and farmlands left abandoned and unattended due to the ravages of the disease. Further to this, the effect of Aids on economic development is evident in the UNESCO (1999) report that some African companies have complained that Aids illness and death costs sometimes exceed corporate profits.

Often, family members abandon HIV/AIDS patients in Government hospitals and government is faced with catering to the needs of these helpless individuals and their children. The increasing number of dependant people living with Aids is a serious drain on public funds.

In summary, the decrease in the number of semi skilled individuals and individuals with specialized skills, the loss of human capital in all fields, and the subsequent loss of skills due to Aids, definitely slow down the national development process.

THE ROLE OF SOCIAL WORKERS IN COMBATING THE AIDS THREAT

Nigerian leaders should lead in the educational campaign against the persistent silence, stigma and nonchalant attitude to Aids. Nobody should be left out in these campaigns-traditional rulers, drivers, professional bodies and other groups. Powerful village unions should be invited to participate in this fight. In the hospitals, continuous and comprehensive information should be disseminated on the risk associated with HIV/AIDS infection.

Government should be encouraged to be sincere about its concern for Aids. For instance, current drugs for Aids are only for the wealthy. As such, generic and cheaper forms should be made available to the poor.

Social workers should coerce government into revamping its Public Health Care (PHC) programme to attract internal funding and support that will aid the fight against Aids.

Nigeria is considered to have the highest rates of unsafe blood transfusions at 14% (Akukwe,

2001). There is a need for medical social workers to educate the health sector especially laboratory technicians on the need for care in managing health related issues. There is also a need to revamp the state of health care in our hospitals with the elimination of fake drugs and provision of necessary infrastructure that would balance potential international investors.

There is a need to recruit the private sector (this could include the Nigeria Labour Congress and Manufacturers' Association of Nigeria) because the battle against Aids requires strong public, civil society and private sector participation at virtually all levels.

Social workers should encourage Aids victims in different localities to form little groups like the alcohol anonymous- its major aim being to give strength and support to one another. When a helpless or frustrated victim identifies with another with a similar problem, unconsciously, the invisible strength to go on is ignited.

Social workers should involve the media in its drive to create awareness on commonly misunderstood notions about HIV/AIDS. We should move from the present concentration on condoms or narrow emphasis on medical/health needs to the plight of infected victims as they relate to social, emotional, nutritional and spiritual needs. The intention is to create that awareness that would make life more comfortable for these victims.

Media enlightenment should also address the heartless practice of vaginal mutilation. Attention should be focussed on the unsafe surgical knives used on all female victims that could be a potential source of disease transmission.

Intravenous drug users should be cautioned against sharing of needles. This is because the possibility of transmitting infection from one person to the other cannot be ruled out.

Commercial sex workers should be educated on the need to practice safe sex with the use of condoms-even when a client pays an exorbitant amount to do without its use. Attempts should also be made to rehabilitate these individuals for often; these prostitutes are victims of economic constraints that impeded against seeking other professional or academic challenges.

People should be educated about discriminating against Aids victims in giving out employment and accommodation. More so, programmes organised by social workers should operate in a

non-judgemental manner with services offered to those in need whether infected or uninfected. This tallies with the Biblical example of Jesus Christ who was criticised for associating with those stigmatised in His days: tax collectors, prostitutes and those with leprosy.

Efforts should be geared at intensive counselling for women. This is because females are biologically more likely to contract sexually transmitted diseases through intercourse than males. This vulnerability has social roots. The subordinate position of females in the society make it impossible for them to refuse sex to their partners or insist on the use of condoms even when they know their partner is unfaithful.

Coupled with the sadistic "catch and rape" practice of spreading the disease embarked upon by some HIV/AIDS carriers in South-Africa, it is my contention that there is an urgent need to expand the parameters of public policy and that legislations be made at both international and national levels to create stiff sanctions for offenders of female sexual abuses.

CONCLUSION

To conclude this discussion, it may be acknowledged that critical reflections are required to effectively tackle the problems of HIV/AIDS. This may be because different people: Non-governmental organisations, government agencies and religious groups alike have their own notions of methods for tackling this problem to reduce its presence to the barest minimum in the African continent.

However, it may be helpful to set our concerns to the majority of people who are uneducated about the deadly nature of the HIV/AIDS virus. With proper education, our young ones especially may become aware of ways of getting infected, the implications of engaging in sexual relationships before marriage, and the need for more humane treatment of people living with Aids and their family members.

Furthermore, apart from the traumatic nature of the HIV/AIDS epidemic, one should acknowledge that no single health problem has achieved its remarkable sanitising effect. It is evident that relatively enlightened people on the African continent have become increasingly hygiene and health conscious. For instance, nobody wants to use the hair stylists' clipper or the salon's manicure set. Also, there is a con-

scious attempt to protect self from infections that could be passed from engaging in "careless sex." While the fear of AIDS is definitely an input to the beginning of wisdom, every individual should be taught to lend a helping hand to helpless AIDS victims: for when they feel wanted not spurned, their burden is lighter and they are engulfed in a God given will to withstand the ravages of this virus.

KEYWORDS Epidemic. Hygiene. Health. Marriage. Sexual Relationship

ABSTRACT This paper presents a summary of basic facts about HIV/AIDS before narrowing the discourse to its alarming prevalence in the African Continent. These developments have, recently received relatively critical government action in mapping strategies for curbing wide spread infection. However, while such strategies have centred more on research into possible vaccines for combating the infection and media campaigns advocating the use of condoms or restriction to a sexual partner, it is clear that still more should be done to alleviate the suffering

of those presently living with the virus. It is the thrust of this paper therefore, to suggest that with the outlined effects of HIV/AIDS on the individual, the family or society and national development, there is a fervent need to recruit social workers for effective collaboration in policy making and education of the unapprised about the AIDS epidemic.

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